



Wendy Novak
Diabetes Center

Diabetes Supply Assistance Program Application

Instructions

- 1. Complete sections 1 and 2, and sign page 2.
2. Provide documents listed in section 3, upon request.
3. Submit the application.

Section 1. Patient information

Patient's name Date of birth

Address Phone

Parent or guardian's name Relationship

Number of people in household Total annual household income

Has your household experienced a recent loss of employment, income or medical insurance? Yes No

If yes, please describe:

Do you currently have medical insurance? Yes No

If no, provide reason and/or coverage end date:

Insurance provider Member ID number

Are the prescribed diabetes testing supplies and insulin covered by your insurance? Yes No

If yes, what is your total prescription copay/cost per month? N/A What is your annual deductible?

Coverage type (select one): Employer-based Marketplace plan Public (Medicaid/KCHIP/Medicaid Part D)
Military coverage/VA Not applicable

Describe any other pertinent needs or information we should know about:

Section 2. Consent and agreement

- I understand that a Diabetes Supply Assistance Program staff person will evaluate to determine if I qualify for the program. I understand that my application for assistance might not be approved.
- I will not submit any claim for reimbursement to a third-party insurer for any product provided to me through the Diabetes Supply Assistance Program.
- I agree to notify Norton Children's Endocrinology of changes to my income or insurance status that may impact my eligibility.
- I understand that Norton Children's Endocrinology may change or end the program at any time and without advance notice.
- I acknowledge that the information I have provided in this application is true, correct and complete. I will provide documentation to support this, when applicable.
- I understand that there is no fee for the Diabetes Supply Assistance Program.
- I understand that the Diabetes Supply Assistance Program is a voluntary program for medication and supply assistance and distribution. It is not responsible for any medication doses, treatments or manufacturing errors related to the medications dispensed.

Section 3. Additional requirements

1. W-2 wage and tax statements or most recent federal tax return, if requested.
2. Copy of receipts for prescription copays, if requested.
3. Copy of insurance plan detailing annual deductible, if requested.
4. Confirmation of loss of employment, denial of Medicaid or other insurance declaration, if requested.

 Parent or guardian's signature

Date

Submit this application to:

Norton Children's Endocrinology

Attention: Wendy Novak Diabetes Supply Assistance Program
 Novak Center for Children's Health, seventh floor
 411 E. Chestnut St.
 Louisville, KY 40202
 Fax: **(502) 588-3401**

Next steps

- A staff member may contact you for a brief interview or for additional information.
- You will be notified of eligibility within two weeks.
- If eligible for assistance, insulin and other supplies will be prepared and available for pick up from Norton Children's Endocrinology during normal business hours.

If you have questions regarding your application, call the Wendy Novak Diabetes Center at **(502) 588-3400** and ask to speak to someone about the Diabetes Supply Assistance Program.

Assistance is made possible by the Leona M. and Harry B. Helmsley Charitable Trust through the Norton Children's Hospital Foundation.