



Lilly Cares Patient Assistance Program for South Carolina for Prozac, Evista, Zyprexa and Zyprexa-Zydis, Straterra, Symbyax, Effient and Cymbalta

Administered by: **Welvista**

2700 Middleburg Drive; Suite 104

Columbia, South Carolina 29204

Phone: (800)-983-3339 FAX: (803)-933-9172

www.welvista.org

DIRECTIONS FOR COMPLETING APPLICATION

****THIS FORM HAS TWO PAGES** BOTH PAGES MUST BE COMPLETED**
INCOMPLETE FORMS WILL BE RETURNED**

In order to expedite processing of this *LILLY CARES/Welvista* application for patient eligibility, please note the following:

PROVIDERS:

- Complete the bottom of page one and the bottom section of page two. (PLEASE PRINT LEGIBLY.)
- ORIGINAL SIGNATURES ONLY--no stamps or photocopies. Fax to 803-933-9172

PATIENTS:

- Complete the top section of page two. (PLEASE PRINT LEGIBLY.)
- Medications will be delivered to a Doctor's Office or Clinic.
- Number of people in household includes EVERYONE living in the home.
- Enter the DOLLAR amount of monthly household Income.
- Household income includes the following: Social Security, Disability, Supplemental Security Income (SSI), unemployment, workman's compensation benefits, child support, alimony, loans, pension, interest, etc.
- Income documentation must be submitted for all in the household.


APPLICATIONS:

- An updated, original application is needed periodically to renew eligibility.
- Photocopies of old completed applications will not be accepted.
- You may photocopy this blank application for future use.



FOR _____

ADDRESS _____ DATE _____



(Prozac, Evista, Zyprexa, and Zyprexa-Zydis, Straterra, Symbyax and Cymbalta products only)

PLEASE LABEL
REFILL _____ TIMES _____

_____ M.D. _____ M.D.

DISPENSE AS WRITTEN _____ **SUBSTITUTION PERMITTED** _____

DEA NO. _____ **ADDRESS** _____

