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# GENENTECH PATIENT FOUNDATION

Free Genentech medicine  
for people who need it

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To learn more:

 Visit [GenentechPatientFoundation.com](https://www.GenentechPatientFoundation.com)

 Call (888) 941-3331

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**Genentech**  
A Member of the Roche Group

Patient  
Foundation

# Help for People With or Without Health Insurance

The Genentech Patient Foundation gives free medicine to people who have financial concerns, because we believe that every person who is prescribed a Genentech medicine should get the treatment they need.

## Who is eligible\*

### UNINSURED PATIENTS

With incomes under \$150,000

OR





### INSURED PATIENTS WITHOUT COVERAGE for a Genentech medicine

With incomes under \$150,000

OR

### INSURED PATIENTS WITH COVERAGE for a Genentech medicine<sup>†</sup>

- With unaffordable out-of-pocket costs
- With household size and income within the guidelines listed below

HOUSEHOLD SIZE	ANNUAL INCOME
 <b>1</b>	Less than \$75,000
 <b>2</b>	Less than \$100,000
 <b>3</b>	Less than \$125,000
 <b>4</b>	Less than \$150,000

\*For all patient types, add \$25,000 for each extra person in households larger than 4 people.

<sup>†</sup>We encourage insured patients to try other financial assistance options before applying for help from the Genentech Patient Foundation, if possible.

If none of these situations apply or you are unsure of your health insurance coverage, **Genentech Access Solutions** may be able to help:

 Visit [Genentech-Access.com](https://www.genentech-access.com)

 Call **(866) 4ACCESS**/(866) 422-2377

# Simple, Quick Enrollment

If you believe you are eligible, you can enroll directly into the Genentech Patient Foundation. You and your doctor each have to complete 1 form. People who are enrolled will keep getting free Genentech medicine as long as they qualify. There is no need to re-enroll.

## How to enroll

**YOU** complete the Patient Consent Form (Box 1 and Box 2)

**YOUR DOCTOR** completes the Prescriber Foundation Form

**PATIENT CONSENT FORM**  
Genentech | ACCESS SOLUTIONS  
Phone: (888) 941-3331 Fax: (833) 999-4363  
M-F 9:00AM-5:00PM, S-U 9PT-5P

**Instructions for Patients**

By completing this form you can:

- Learn about your health insurance coverage and other options to get your Genentech medicine
- Enroll into optional disease-specific education, patient support services and communication

Please follow these 3 steps to get started:

1. Read "About Your Consent."
2. Sign and date page 3. Please note you must sign the form to get support for your treatment.
3. Send in your completed form using one of the options below.

Genentech can start supporting you when page 3 of this form is submitted by you or your doctor's office in one of the following ways:

- Complete online at [Genentech-Access.com/PatientConsent](http://Genentech-Access.com/PatientConsent)
- Take a photo and text it to (650) 877-1111
- Print, complete and fax it to (833) 999-4363

A representative from Genentech Access Solutions or your doctor's office will call you to tell you about your coverage, costs and support for your treatment.

If you have any questions, talk to your health care provider or contact Genentech Access Solutions.

**Helpful Terminology**

**Genentech:** The maker of the medicine your doctor wants to prescribe. Genentech is committed to helping patients get the medicine their doctor prescribed.

**Genentech Access Solutions:** A team at Genentech that works with your doctor and health insurance plan to help you get your medicine.

**Genentech Patient Foundation:** A program that gives free Genentech medicine to people who don't have insurance coverage or who have financial concerns and meet certain eligibility criteria.

**Household size:** Number of people living in your household, including you.

**Household income:** How much you and the members of your household currently make each year minus specific deductions. This is also frequently referred to as your Adjusted Gross Income or AGI. This information is needed to determine Genentech Patient Foundation eligibility.

**Education and patient support services:** Optional programs offered by Genentech to help you start and stay on your medicine. Services may vary based on your medical condition and could include co-pay assistance, critical support, medicine communication and general disease information.

**Deductible:** The amount you pay for health care services or medicines out of pocket before your health insurance plan begins to pay.

**Out-of-pocket costs:** The amount not paid by the insurance plan that you must pay for your treatment. This includes deductibles, co-pays and co-insurance.

**Co-pay assistance:** Programs available to help eligible patients pay for their medicines.

**Alternate contact:** Someone you choose to be your contact person if Genentech Access Solutions cannot reach you.

**If I receive free Genentech medicine from the Genentech Patient Foundation:**

- I will not sell or give out this medicine since it is unlawful to do so. I am responsible to make sure these medicines are sent to a secure address when shipped to me, and I must control any Genentech medicine that I receive.
- I understand that, for purposes of an audit, the Genentech Patient Foundation could ask me for a copy of my IRS 1040 form or other proof of income.

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**PATIENT FOUNDATION** | **Prescriber Foundation Form**  
Genentech Patient Foundation | (888) 941-3331 | Fax: (833) 999-4363

**Are you eligible?** The Genentech Patient Foundation gives free medicine to people who are:

- Uninsured**  
With income under \$150,000
- Insured Without Coverage for a Genentech medicine\***  
With income under \$150,000
- Insured With Coverage for a Genentech medicine**  
With unaffordable out-of-pocket costs  
Who have pursued other forms of financial assistance  
With household size and income within the criteria listed to the right.

**Household Size** | **Annual Income**

Household Size	Annual Income
1	Less than \$75,000
2	Less than \$100,000
3	Less than \$125,000
4	Less than \$150,000

**Prescribed a Genentech Medicine**  
For a current list of the medications supported by the Genentech Patient Foundation, please visit [GenentechPatientFoundation.com](http://GenentechPatientFoundation.com) or call (888) 941-3331.

**Apply for Support**

**How to Apply**

- Prescriber completes Page 2 of the Prescriber Foundation Form
- Patient completes Patient Consent Form (Box 1 & Box 2) required (This form is available for download on [GenentechPatientFoundation.com](http://GenentechPatientFoundation.com))
- Fax both completed forms to (833) 999-4363 (Both forms do not have to be submitted. Both forms may be submitted online or by mail for best completion, or a combination of both.)

**What to expect after applying?**  
Once an eligibility determination has been made, both the patient and prescriber will be contacted to discuss the application outcome and any next steps.

\*The Genentech Patient Foundation does not provide free medicine in the instance of an administrative error or a coverage restriction such as a step edit. Some exceptions may apply.  
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## SUBMIT THE FORMS BY:

- E-Submit at [GenentechPatientFoundation.com](http://GenentechPatientFoundation.com)
- Texting a photo to **(650) 877-1111**
- Fax at **(833) 999-4363**

Learn more about enrolling at [GenentechPatientFoundation.com](http://GenentechPatientFoundation.com).

The Genentech Patient Foundation assists patients living in the United States, who are being treated by a physician licensed in the United States. The Genentech Patient Foundation does not collect or require citizenship information.

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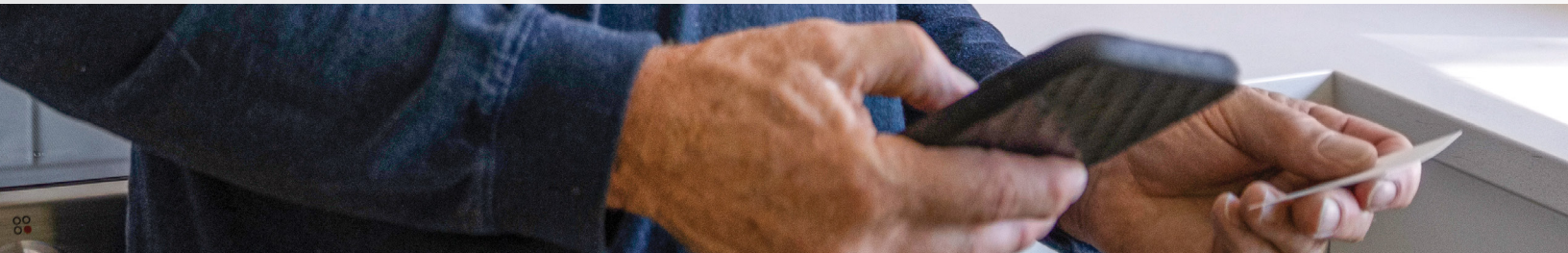
Patient  
Foundation



**The Genentech Patient Foundation provides many Genentech medicines for free to eligible people in need.**



Please visit our website or scan the QR code to see the full list of medicines supported by the Genentech Patient Foundation.



## **A Foundation Specialist Is Ready to Help**

To learn more about us and which Genentech medicines are included:



Visit [GenentechPatientFoundation.com](https://www.GenentechPatientFoundation.com)



Call **(888) 941-3331**