



CancerCare® Co-Payment Assistance Foundation

CancerCare Co-Payment Assistance Foundation Fax Cover Sheet

The quickest way for documents to be reviewed is to **upload them directly** to the CoPay Connect™ Portal (<https://portal.copayconnect.org>). If you do not have an account – either as a patient or provider – registering is easy and will make submitting future documents easier. Navigate to the CoPay Connect™ Portal, click **log-in** and then **Register Here**. As a logged in user, you can upload documents directly from the patient account.

Faxing may result in processing delays – uploading documents is preferable as it will place them directly into the patient’s account. However, we understand there may be circumstances where fax communication is your only option. If that is the case, we ask that you use this cover sheet and include the information requested.

From: _____ **Telephone:** _____

Fax Enrollment and General Documents to 212-601-9761

Fax Claims and Invoices to 212-601-9762

Patient Name: _____

Patient Date of Birth: _____

Care Program Enrollee Number: CPE- _____

This number can be found at the top right corner of the award letter and pages of the enrollment form.

Number of pages: _____

Documentation Type:

Verification of Household Income - Please send the current year federal tax return or include other accepted documentation for both the patient and the spouse, if married

Physician Verification Form - Confirmation of patient’s diagnosis

Enrollment Form – Signed Patient Attestation pg. 4 and/or Authorization for Use and Release of Information pg. 5

Claims for Payment – Please include the Date of Service for the claim(s)

Date of Service: _____

Other
