

CancerCare Co-Payment Assistance Foundation

Fax Cover Sheet

The quickest way for documents to be reviewed is to upload them directly from the CoPay Connect (<https://portal.copayconnect.org>) patient portal. As a logged in user you can upload documents directly from the patient account.

Faxing can result in processing delays and is not recommended. 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 included in the 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 applicable

Physician Verification Form - Confirmation of patient's diagnosis

Verification of Insurance – Copy of insurance card(s)

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
