



**CancerCare®  
Co-Payment Assistance  
Foundation is here to help.**

866-55-COPAY  
[cancercarecopay.org](http://cancercarecopay.org)

275 Seventh Avenue  
22nd Floor  
New York, NY 10001

The CancerCare® Co-Payment Assistance Foundation is proud to be affiliated with CancerCare®. Founded in 1944, CancerCare® is the national leader in providing professional services to help people manage the emotional and financial challenges of cancer.

To learn more, visit:  
[cancercarecopay.org](http://cancercarecopay.org)  
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**Do you need help with  
co-payments for your cancer  
drugs or chemotherapy?**



**CancerCare® Co-Payment  
Assistance Foundation**



**Even with insurance, many patients are unable to afford their treatment.**

CancerCare® Co-Payment Assistance Foundation is a nonprofit organization dedicated to helping patients afford their co-payments for chemotherapy and targeted treatment drugs. We provide this assistance to ensure access to care and compliance with prescribed treatments.

**Affiliated with CancerCare®, we also offer free professional emotional and financial support for anyone affected by cancer.**

**“I was quite anxious with having to consider selling my home in order to afford treatment. I was greatly relieved when I received notification that the foundation would help me cover the co-pays.”**

To be eligible, you must meet certain criteria related to your diagnosis, treatment and financial situation. You must also have insurance that covers a portion of the prescribed chemotherapy. Financial help is not available for radiation treatment or symptom management.

**866-55-COPAY**

**[cancercarecopay.org](http://cancercarecopay.org)**

**Our easy, seamless, same-day approval process means you never have to wait to learn if you are approved for assistance.**

**Don't let the cost of your prescription co-payments keep you from getting the treatment you need.**

Call us today to find out if you are eligible for co-payment assistance:

**866-55-COPAY**

For faster service, have the following patient information ready when you call:

- FULL LEGAL NAME
- ADDRESS
- PHONE NUMBER
- EMAIL ADDRESS
- DATE OF BIRTH
- DIAGNOSIS
- HEALTH INSURANCE PROVIDER
- HOUSEHOLD INCOME
- NUMBER OF DEPENDENTS
- SOCIAL SECURITY NUMBER
- MEDICATION OR PRODUCT