



Checklist for Patients Sending Merck Patient Assistance Program Enrollment Form by Mail

At Merck, we believe no one should go without the medicines they need. That is why the company provides certain medicines and adult vaccines free of charge to people who do not have prescription drug or health insurance coverage and who, without our assistance, cannot afford their Merck medicines and vaccines.

You can download this checklist and print it. Then use this checklist to help you and your health care provider complete your enrollment form before mailing it to the Merck Patient Assistance Program. Using this checklist can help you avoid unnecessary delays.

Section 1

Did you enter:

- Your name, address, cell and/or home phone number, and date of birth
- Whether you reside in the U.S. (You do not need to be a U.S. Citizen)
- Your annual gross household income (your income before taxes), including Social Security and pension benefits
- Your insurance/other prescription drug coverage information
- To where you would like your medications shipped

Section 2

Did you:

- Sign and date the form if you selected Option 1 for income verification OR
- Include a COPY of ONE of the income verification documents listed on the form if you selected Option 2

Section 3

Did you:

- Sign and date the Applicant Declarations and Authorization terms and conditions
- Sign and date the Applicant Authorization for Use and Disclosure of Personal Health Information terms and conditions

Section 4

Did your health care provider:

- Write in your name, date of birth, and prescription information
- Write in their NPI (National Provider Identifier) number
- Fill out the allergies/medical conditions section
- Sign the Dispense as Written section

Section 5

Did your health care provider:

- Write in their name, facility/site, address, and contact information
- Sign and date the Physician/Prescriber Attestation

Mail the completed, original Merck Patient Assistance Program enrollment form, signed and dated by the patient and the health care provider, to the address on the form.

NOTE: Copies of the signed enrollment form will not be accepted, and will be returned, causing unnecessary delays.

Thank you for participating in the Merck Patient Assistance Program.