



## Merck Patient Assistance Program Enrollment Form Checklist

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 the 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, phone number, and date of birth
- Whether you are a U.S. resident
- Your annual gross household income
- Your insurance/other prescription drug coverage information
- Where you would like your medications shipped to

#### 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 2

#### Did your health care provider:

- Write in your name, date of birth, and prescription information.
- Write in their state license number.
- Fill out the allergies/medical conditions section.
- Sign the Dispense as Written section.

### Section 3

#### Did your health care provider:

- Write in their name, facility/site, address, and contact information.
- Sign and date the Physician/Prescriber Attestation.
- Mail the Merck Patient Assistance Program enrollment form signed by the patient and the health care provider. Copies of the signed enrollment form will not be accepted.

**Thank you for participating in the Merck Patient Assistance Program.**