GRIFOLS

Patient Services

Giving patients peace of mind with the products they've come to rely on.

Grifols PatientCare Program

The **Grifols PatientCare Program** is a patient assistance program designed to help provide eligible patients with access to Grifols' coagulation products. This PatientCare Program consists of two unique and distinct parts:

1. Grifols Assurance for Patients or GAP Program
- Available to patients in the event they experience temporary lapse in insurance coverage
- Eligible patients have been treated with these Grifols' products for three continuous months prior to lapse in coverage through a non-government (state or federal funded) health insurance plan
- Applicants must have US citizenship or legal resident status

2. Grifols Patient Assistance or GPA Program
- Available to patients without insurance coverage and in need of temporary assistance obtaining factor products
- Applicants must have US citizenship or legal resident status
- Applicants must not be eligible for any state or federally funded healthcare program
- Applicants must meet financial eligibility criteria of 250% of the Federal Poverty Level

Grifols PatientCare Program

How Does the Program Work?

To apply:
- Download an application - **www.grifolspatientcare.com** OR
- Request an application by calling - **888 GRIFOLS (888.325.8579)**, option 3.

Submit your signed and completed application form plus a Letter of Medical Necessity signed by your physician to:

Grifols PatientCare Program
PO Box 3745
Alhambra, CA 91803

Please Note: If you wish to expedite review of your application, you can fax a copy of the signed and completed application form with your signed Letter of Medical Necessity to: **323.441.7166**
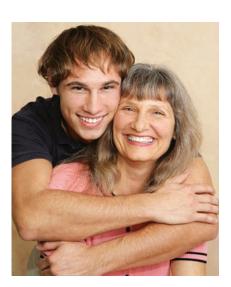
Grifols PatientCare Program

Contact Information

If you have questions regarding the **Grifols PatientCare Program**, please call **888 GRIFOLS.**

A member of the Grifols Reimbursement Support Team is available from 7 AM - 5 PM PST Monday through Friday.

You may email your comments and questions to: **patientcareprogram@grifols.com.**

Patients are encouraged to coordinate enrollment through their factor provider. All signed and completed forms must be mailed or can be faxed to our confidential number. The Grifols Reimbursement Support Team will assess each case for eligibility and product availability, and upon receipt, will require a minimum of 5 business days for review and processing. The program representative will coordinate product delivery to the patient's current factor provider. No certificates or coupons are required.

Grifols Sample Program for Coagulation Products

The Grifols Sample Program offers new patients, not currently using **Alphanate®** or **AlphaNine® SD** and have not sampled in the past, an opportunity to try these products.

Download a sample request form from **www.grifolspatientcare.com** or call your local Grifols account executive.

Alphanate®
Antihemophilic Factor/von Willebrand
Factor Complex (Human)

AlphaNine® SD
Coagulation Factor IX (Human)

Please ask your healthcare provider or factor provider to contact Grifols at **888.325.8579** (Customer Service) to determine eligibility for the sample program.

For the Grifols PatientCare Program, please call **888 GRIFOLS** and speak to a member of our Reimbursement Support Team or email your questions to: **patientcareprogram@grifols.com**.

See **www.grifolspatientcare.com** for more information.

GRIFOLS