

Example of Letter Certifying Patient's Need

May 16, 2002

Pharmaceutical Company
Patient Assistance Program
123 Main Street
Anytown, Anystate 12345

Mr. John Doe
456 Public Street
Anytown, Anystate 12345

To Whom It May Concern:

The above-named patient is being treated for clinical diagnosis.

This patient has been under my care for period of time.

Enclosed is a prescription for medication name and dosage.

In accordance with your eligibility criteria, this patient is currently unable to afford to pay for this medication due to financial hardship. The patient also has no insurance coverage to help pay for the cost of this medication, and is ineligible for any public assistance.

Please forward an application/medication to this office at:

Mary Smith, MD
456 Anystreet
Anycity, Anystate 12345

Call me with any questions at telephone number. We greatly appreciate the free medications that your company makes available to the patients we serve.

Sincerely,

Original Signature Here

Mary Smith, MD

DEA #: 123456789

Attachments: List them here.