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COPAY ASSISTANCE FORM

Welcome to Vasco Infusion. We are pleased to be able to assist you with your Infusion/ Injection Therapy needs. Our goal is to provide the highest quality care for all our patients in a timely and respectful manner.

Copay assistance plays a vital role in helping us make sure that once your insurance has approved your care it is affordable for you. The requested information below is very important for us to be able to verify eligibility for these programs. If you are not comfortable with providing this information before the start of care, please contact us to ask how you can enroll yourself into the correct program.

Name:	
DOB:	
SSN:	
Household size:	
Annual income:	
Drug name:	
Diagnosis Code:	

Copay assistance is subject to approval and availability of funding at the time of enrollment. The guidelines for the assistance programs vary and are not determined by Vasco Infusion.