

LillyAnswers Application

Patient Authorization and Certification

I understand that Eli Lilly and Company (“Lilly”) and any entity it may contract with to be the program administrator for LillyAnswers (currently Argus Health Systems Inc. and referred to as the “Administrator”), will receive the information contained in this application, information on the prescription medicines that my doctor has provided or will provide me, and other information that they may obtain about me in operating and administering the LillyAnswers program (the “Information”). I hereby authorize the Administrator and/or Lilly to use the Information: to review my application and contact me as necessary to conduct such review; for purposes relating to the operation and administration of LillyAnswers; and for Lilly’s internal business purposes (such as developing other programs and services). I understand that this information will not be shared with any third parties, but that certain non-personal portions of the information (for example, general location, age, gender) may be shared with other parties for purposes of operating LillyAnswers. I understand that I have the right to revoke this Authorization at any time by writing the Administrator at the address set forth on this application or by writing Lilly at an address of Lilly that will be provided for me if I am found to be eligible for the program. If I revoke this Authorization, I will no longer be eligible for the program.

I understand that the LillyAnswers program only applies to cash purchases of medications and cannot be used for any prescriptions that are reimbursed or covered, in full or in part, by any third-party payer. Examples of third-party payers are HMOs, private insurance, Medigap, employers and/or any government entity, including Medicare, Medicaid, Reforma in Puerto Rico, or any other state or federal program which provides assistance or coverage for the purchase of pharmaceuticals. I understand that I cannot use any other discount, coupon, rebate and/or prescription drug card along with my LillyAnswers Card. I understand that the LillyAnswers Card is valid only in the fifty (50) United States and Puerto Rico and is void where prohibited by law and/or restricted and/or taxed. If I receive a LillyAnswers Card, the Card is only for my personal use and cannot be given to others and/or assigned and/or transferred.

I certify that: 1) the information I have set forth in this application is true, correct and complete; 2) I am enrolled in Medicare; and 3) I am not eligible for, and do not have, any government or private insurance that covers or helps me pay for my medications. I understand that eligibility under this program is subject to approval by Lilly and/or the Administrator, and that application to the LillyAnswers program does not guarantee inclusion in the LillyAnswers program. I understand that if I am found to be eligible for LillyAnswers and receive a LillyAnswers Card, the LillyAnswers Card is only active for twelve months, at which time I will have to reapply for the LillyAnswers program. I understand that the LillyAnswers program may be changed or terminated at any time without prior notice.

5 Signature and Date (required)

Patient Signature _____

Date _____



Please remember to include photocopies of your most recent income documentation and Medicare card (if enrolled) with the complete application in the envelope provided.

