

Patient Assistance Program



Connecting eligible patients with no insurance or not enough coverage to a range of programs that offer medication support.

Eligibility Criteria

- Patient must be a SYH register patient.
- Must have seen a PCP within the past 3 months.
- Must meet the eligibility requirements of the specific program the patient is applying for.

Every case is different, eligibility and approval depends on program acceptance and resources available. However, if the patient qualifies for the Patient Assistance Program, they will be enrolled in the program for a year. Once enrolled, the patient may qualify for a 3 month supply of free or low cost brand name prescription medication for chronic conditions prescribed by their primary care physician. In order to continue receiving medication the patient must follow-up with the PCP for medication approval and continuation in the program.

Examples of Medications available to eligible patients:

Trulicity injection, Sinvisc Injection, Lantus insulin, Januvia, Humira, Enbrel, Eplclusa, and many more.

For more information please call:

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