



Merck Vaccine Patient Assistance Program Application Checklist

At Merck, we believe no one should go without the adult vaccines they need. Adult vaccines distributed through the Merck Vaccine Patient Assistance Program are free of charge to all eligible patients.

You can download this checklist and print it. Then use this checklist to help you and your health care provider complete the application before faxing it to the Merck Vaccine Patient Assistance Program. Using this checklist can help you avoid unnecessary delays.

Section 1

Did you:

- Enter your name, address, phone number, date of birth, and gender.
- Enter whether you are a U.S. resident.
- Enter my insurance/other prescription drug coverage information (if that applies).
- Enter if you are claimed as a dependent on another individual's tax return.
- Enter your current gross annual household income and number of household dependents.
- Sign and date the Applicant Declarations and Authorization areas.

Section 2

Did your health care provider:

- Write in their name, practice or clinic name, and address
- Write in their prescriber type, state license number and that number's expiration date
- Write in their contact information, including their phone and fax numbers

Section 3

Did your health care provider:

- Write in the Merck vaccine product name and NDC number
- Sign and date the application
- Check off the dose number (if applicable)
- After completing the application, fax it to: 800-528-2551 BEFORE giving the patient their vaccine

Thank you for participating in the Merck Vaccine Patient Assistance Program.