

## **Financial Assistance for Medications and Healthcare Premiums**

Age Requirements

18 and over

Available 24/7

No

Other Eligibility Criteria

The Foundation is able to help patients receiving treatment only for selected diseases. Review <http://www.healthwellfoundation.org/diseases.html> Diseases and Medications to see if your condition is covered.

Intake Contact

Staff

Intake Contact Email

[info@healthwellfoundation.org](mailto:info@healthwellfoundation.org)

Intake Process

Call the office for information and questions. Best time to call is Wednesday, Thursday or Friday morning. Patients can apply for a grant online or through HealthWell's toll-free automated phone system.

Provider Refer

Yes

Report Problems

Call the Agency

Self Refer

Yes

HealthWell Foundation

<https://www.healthwellfoundation.org/>

<https://www.healthwellfoundation.org/patients/>

Main

(800) 675-8416

Toll-Free

(800) 675-8416

20440 Century Boulevard  
20874 MD  
United States

Monday: 9:00 am-5:00 pm

Tuesday: 9:00 am-5:00 pm

Wednesday: 9:00 am-5:00 pm

Thursday: 9:00 am-5:00 pm

Friday: 9:00 am-5:00 pm

Saturday: Closed

Sunday: Closed

Additional Availability Comments

Eastern Standard Time.

Fee Structure

No Fee

Languages Spoken

English

The HealthWell Foundation provides financial assistance to eligible individuals to cover coinsurance, copayments, health care premiums and deductibles for certain medications and therapies. If you've been prescribed a medication and your insurance company covers it, but you still cannot afford the coinsurance or copayment required, contact HealthWell to see if a grant is available to pay for part of your costs.

Grants are available for the following:

- Prescription copays
- Health insurance premiums, deductibles and coinsurance
- Pediatric treatment costs
- Travel costs
- Behavioral health services

Click on [Determine Eligibility](#) and take the eligibility test. To qualify for assistance,

- Have some form of health insurance — (private insurance, Medicare, Medicaid or Tricare, that covers part of the cost of your treatment)
- Your medication must be listed in the Disease Fund

- Limited to the household income, number in your household and cost of living in your city

Service Area(s)

Nationwide

Email

[Grants@HealthWellFoundation.org](mailto:Grants@HealthWellFoundation.org)