



ADAP Waiting List Medical Exception Request Form

CLIENT NAME	DATE OF BIRTH	SSN	DATE

PART I

NOTE: All patients on the ADAP Waiting List must apply for Patient Assistance Programs (PAP) through Welvista or the pharmaceutical companies for medications. **Do not wait on a response to a Medical Exception Request; begin the PAP process immediately.**

PATIENT ASSISTANCE PROGRAM(S) APPLICATIONS WERE SUBMITTED FOR THIS PATIENT ON ____.

Medication is OR is not available from local resources or from other Ryan White Funds to fill the gap until PAP medication is available. As of the date of this application, patient has ____ days of medication available.

PRINT Case Manager/Contact Name

Area Code and Number

Date

Failure to complete the above requested information legibly will result in your patient being placed on the waiting list.

Most Recent CD4 Cell Count	
Date	CD4 Count

Most Recent Viral Load	
Date	Viral Load

PART II – MEDICALLY URGENT

REQUIRED - If patient cannot wait for PAP medications, provide explanation below.

PAP medication is usually available in less than 7-10 days. This form is to be used **only** if you cannot access medication during that interval from other local sources **OR**, if in your opinion, the patient is not capable of managing the PAP process. Write a detailed explanation for the medical exception in the space provided below. Failure to complete all parts of this section **legibly** will result in your patient being placed on the waiting list.

PRINT Clinician/Designee Name

Clinician/Designee Signature

Date

CHD/Office Name

County

CHD/Office Address

Clinician Contact Number

PART III – MEDICAL TEAM APPROVAL

APPROVED REMAIN ON WAIT LIST

Comments: _____

Medical Team Staff Name

Medical Team Signature

Date

FAX Medical Exception Request Form and other required documentation to: 850-414-6719