

Access Care Today / Hep (Liver) Wellness  
Counselor & Patient Medication  
Programs  
Co-Payment Assistance Programs  
Manual

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This manual contains a list of medical companies that are offering co-pay assistance, and low cost-free medications/vaccines to clients that are having financial hardships through Patient Assistance Programs, Co-Payment Assistance Programs, and other various programs. Most of the general qualifications of the medical programs listed below requires a client to have no health insurance, must make under the medical companies income guidelines (each company varies), and residing at a U.S address.

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# Genentech

### **Genentech (Hepatitis C Medication: Pegasys)**

Client would need to qualify for the Patient Assistance Program to get free medications. The Patient Assistance Program is under the Genentech Access To Care Foundation (GATCF). Client would need to fill out a Statement of Medical Necessity Form and a Patient Authorization Form/Notice of Release of Information, The Statement of Medical Necessity Forms need to be signed by the client's doctor. PEGASYS Access Solutions also refers clients to other Independent Non-Profit Organizations (INO) for clients who need help with co-pay assistance.

### **General Qualifications**

1. Must have no health coverage or must have been denied for coverage for Pegasys or Copegus
2. Income must be below \$100,000 (special consideration maybe given to patients with unique circumstances)
3. Client must meet medical criteria determined by GATCF Clinical Advisory Board
4. Must show recent 1040 tax form

### **Miscellaneous Information**

Clients are eligible for free medicine for 1 year; client must reapply yearly  
Patient assistance support may be given before treatment or up to 1 year post-treatment  
GATCF assists with the cost of PEGASYS or COPEGUS only, not the administration costs

### **PEGASYS Access Solutions Co-Pay Assistance Programs**

Program is offered on a case by case basis. If the client is privately or publicly insured and still have difficulty paying for their PEGASYS<sup>®</sup> (peginterferon alfa-2a) for injection and PEGASYS in combination with COPEGUS (Ribavirin, USP) co-pay or other expenses, PEGASYS<sup>®</sup> Access Solutions can refer them to an independent, non-profit organization (INO). Clients who are referred for co-pay assistance need not be enrolled in PEGASYS Access Solutions. Client can call (888) 941-3331 for a referral. Co-pay assistance is not available for clients who are insured by Medicare and Medicaid.

Clients enrolled in Medicare Part D might be eligible to apply for co-pay assistance, including the fees associated with true out-of-pocket (TrOOP) expenses. The Part D Low-Income Subsidy (LIS), offered by the federal government, is the primary co-pay assistance program for low-income Medicare beneficiaries. Further information can be found on the CMS website at [www.cms.hhs.gov/limitedincomeandresources](http://www.cms.hhs.gov/limitedincomeandresources).

1. INO turnaround time can vary from 2 weeks to 30 days.
2. If client is denied by one INO, he or she can be referred to a different INO.
3. PEGASYS Access Solutions will follow up weekly with both the client and the INO until a resolution is reached.
4. Although each INO offers some form of retroactive assistance, it might not be a full award.
5. The application process requires some form of financial verification.
6. PEGASYS Access Solutions is limited to referrals only

Genentech does not influence or control the operations of these INOs, but PEGASYS Access Solutions can assist clients to navigate the process of seeking co-pay assistance by making a referral that is appropriate based on a client's diagnosis and by assisting with the application process.

PEGASYS Access Solutions cannot guarantee co-pay assistance once a client has been referred by PEGASYS Access Solutions. The INOs to which PEGASYS Access Solutions refer clients each have their own criteria with regard to client eligibility, including financial eligibility.

### **Process of Referring a Client for Co-pay Assistance**

\*Must show some financial verification\*

1. The client is having difficulty covering a co-pay must contact PEGASYS Access Solutions.
2. PEGASYS Access Solutions refers clients to INO.
3. PEGASYS Access Solutions can help pre fill out client's application, and sending it to the client with a return envelope addressed to the INO.
4. PEGASYS Access Solutions then would send a fax to client informing client has been referred to an INO.
5. The client would receive a weekly phone call from PEGASYS Access Solutions representative until everything is solved.
6. Once everything is solved PEGASYS Access Solutions will notify client.

### **Application Instructions**

\*If client has no phone, make note on both forms to contact client's counselor\*

#### **Instructions to fill out Statement of Medical Necessity (SMN) form**

To obtain the SMN forms go to

<http://www.genentechaccesssolutions.com/portal/site/AS/menuitem.d2298922302dba965663250bd79c23a0/?vgnextoid=d8ff1d41003c9210VgnVCM100000d70bf60aRCRD>

1. Fill out first page with client
2. For service requested check the boxes: Benefits Investigation, Co-pay Assistance, and GATCF Patient Assistance
3. Have the client's doctor fill out the sections: Diagnosis/Treatment, Prescription, Prescriber, and Prescriber's signature

#### **Instructions to fill out the Patient Authorization (PAN)/Notice of Release of Information form**

To obtain PAN forms go to

<http://www.genentechaccesssolutions.com/portal/site/AS/menuitem.d2298922302dba965663250bd79c23a0/?vgnextoid=4abf1d41003c9210VgnVCM100000d70bf60aRCRD>

1. Read pages 1-2 with client
2. Fill out page 3 with client

Client can either fax in both documents at (888)929-3334 or mail it to  
Pegasys Access Solutions  
1 DNA Way , Mail Stop #858a  
South San Francisco, CA 94080-4990

When both forms are submitted, call back GATCF at 888-941-3331 in 2-3 business days to check on status of application. For more inquires please visit <http://www.genentechaccesssolutions.com> or call the GATCF at 888-941-3331. Business hours are from 6am-5pm Pacific Time.

Merck

## **Merck HCV Treatment Assistance Program for Medications and/or Co-payment**

### **Hepatitis C (Covered by the ACT Program)**

To get application go to

[http://www.merck.com/merckhelps/pdf/The\\_ACT\\_Program\\_Patient\\_Enrollment\\_Form.pdf](http://www.merck.com/merckhelps/pdf/The_ACT_Program_Patient_Enrollment_Form.pdf)

1. Check client's doctor's office to see if they carry Merck products that is prescribed for Hepatitis C.
2. Fill out first page of the Act Program Patient enrollment form with the client.
3. Call doctor's office to let them know you are faxing them the enrollment form to get it signed and reviewed by the doctor.
4. Fax enrollment form to the doctor's office.
5. Call in two days to see if doctor's office received enrollment form.
6. Call weekly to see if the doctor has sent enrollment form to Merck and status of the client's application

The doctor would need to fax application to 1-866-363-6389. A Merck representative will get back to the client in 3-5 business days to discuss if client qualifies for free or co-pay assistance of Hepatitis C medications. If client does not have phone, make note on the enrollment form to call client's counselor.

The general guidelines are that the client needs to be a resident of the U.S or staying in one of the U.S territories, however does not have to be a U.S citizen.

Income eligibility is set very high and most people will qualify

For more inquiries call 1-800-727-5400 or visit website at [www.merckhelps.com](http://www.merckhelps.com). Business hours are from 8:00am-8:00pm EST Monday-Friday.

### **Merck Vaccine Assistance Program (Hepatitis A/B) (No Medications)**

Client would need to qualify for the Patient Assistance Program to get free vaccinations. Client would need to fill out the Merck Vaccine Patient Assistance enrollment form. Merck offers coupons for co-pay assistance.

### **General Qualifications For The Merck Vaccine Assistance Program**

1. Client resides in the United States resident of the U.S or staying in one of the U.S territories, however does not have to be a U.S citizen
2. At least 19 years old
3. Client has no health insurance coverage
4. You have an annual household income less than \$43,560 for individuals, \$58,840 for couples or \$89,400 for a family of four \*\*

\*\* For income limits in Alaska, Hawaii, Puerto Rico, U.S. Virgin Islands, and Guam, please call (800) 293-3881.

### **Application Instructions**

To get application go to [http://www.merck.com/merckhelps/vaccines/mvpap\\_app.pdf](http://www.merck.com/merckhelps/vaccines/mvpap_app.pdf)

1. Check doctor's office to see if they carry Merck products that is prescribed for Hepatitis A/B vaccinations
2. Fill out first page of the Merck Vaccine Patient Assistance enrollment form with the client.
3. Call doctor's office to let them know you are faxing them the enrollment form to get it signed and reviewed by the doctor.
4. Fax enrollment form to the doctor's office.
5. After the doctor's office has faxed the application, they would then fax the application to Merck.
6. A Merck representative will call the client's doctor back in 10 minutes to discuss client's application.

If client does not have phone, make note on the enrollment form to call client's counselor.

### **Co-Pay Assistance**

Client can qualify for coupons for up to 12 prescriptions (\$0-\$200). Client could get coupon from doctors. Client can also speak with a Merck representative regarding other types of coupons for other medications or vaccinations.

For more inquiries 1-800-727-5400 or visit website at [www.merckhelps.com](http://www.merckhelps.com). Business hours are from (8:00 AM–8:00 PM EST Monday - Friday).



# Vertex

### **Vertex(For Inciveks Products Only and Hepatitis C Medications)**

For free Hepatitis C medications there is a Patient Assistance Program that helps out clients if they do not have any insurance coverage. Vertex also offers co-pay assistance as well. Client would need to fill out an enrollment form.

### **General Qualifications For Patient Assistance Program (Free Medicine Program)**

1. No insurance coverage.
2. Make less than \$100,000.
3. Be of age 18-70.
4. Diagnosis with Hepatitis C.
5. Physician is practicing in the United States.
6. Have a U.S resident address, includes U.S territories.

### **General Qualifications for Co-pay Assistance**

1. Must not be a resident of Massachusetts.
2. Requires a U.S mailing address.
3. Commercially insured.
4. Sign up by phone no form to fill out.
5. Open to all income levels no financial documentation required. Covers client's out of pocket cost .up to 20% of the cost of the medicine nearly \$10,000.

### **Co-Pay Assistance for Commercial Insurance**

If client has commercial insurance (insurance through employer), but still cannot afford the high co-payment, Client can qualify for a virtual co-pay card that can cover up to \$10,000. Does not cover client if he or she has governmental insurance (Tri-care, Medicaid, Medicare)

### **Co-Pay Assistance for Governmental Insurance**

If client has governmental insurance, but still cannot afford the high co-payment, the client would need to call the Patient Access Network (PAN) at 1-866-316-7263. PAN offers grants to help out clients that cannot afford the high co-payment.

Client would need to fill out a PAN application either online or over the phone, and send some documents along with application. Documents include copy of insurance (front and back), and proof of income (pay stubs). If client has no phone, make a note on the enrollment form to contact the client's counselor.

### **Application Instructions**

To get application go to <http://www.needymeds.org/papforms/vertex1435.pdf>. If client does not have phone, make note on the enrollment form to call client's counselor.

If filling out application online:

- Go to <http://www.panfoundation.org/fundingapplication/patientEnrollment.php> follow steps 1-5.
- Step 1, select the client's disease, select type of insurance, select type of medication, when selecting type of medication, enlarge window to see "click when done button."
- Step 2, if applying for yourself, select applying for myself, if applying for someone else, select applying for someone else.
- Steps 3, fill out contact information and patient information. After completing step 3, you then will be notified if you qualify for assistance. If you are qualified you will be able to complete steps 4 and 5.
- After online form is completed call Vertex in 24 hours to check status of application

### **Submitting Application By Mail**

Depending on how long Vertex receives the application by mail, Client should be told if he or she qualifies within 1-5 business days.

Mail application to  
Vertex GPS Patient Assistance Program  
P.O. Box 7842  
Gaithersburg, MD 20898

If client makes under the income guidelines, PAN would fax a doctor's application to the patient's doctor, after PAN receives doctor's completed form, PAN will verify doctors information and client information. For more inquiries call 1-855-837-8394 or visit website at <http://www.incivek.com/>. Business hours are from (8:00 AM–8:00 PM EST Monday - Friday).

# Kadmon

### **Kadmon (Hepatitis C medications)**

Kadmon Pharmaceuticals has the Aspire® Program offering comprehensive support for patients, prescribers, and pharmacists. This program helps provide financial and educational assistance to ensure patients have access to their hepatitis C medicines and achieve treatment goals. For eligible patients, Aspire offers Reimbursement Solutions, Product Bridge Programs, Nursing Hotline and the Patient Assistance Program. Kadmon also offers CoPay Savings Cards to reduce monthly treatment costs for patients taking HCV therapies. To contact Aspire, call 1-888-668-3393, Monday-Friday 9:00AM-8:00PM, EST.

### **General Qualifications for the Kadmon Patient Assistance Program**

The Kadmon Patient Assistance Program (PAP) provides free medication to patients with limited or no health insurance and who are not eligible for Medicaid, Medicare, or any other state or federal patient assistance programs. Patient must meet income eligibility requirements.

### **Application Instructions**

1. Call Aspire to request an Aspire Patient Assistance Program application form.
2. Patients fill out and sign the Patient Section (top portion) of the application form.
3. Ask the healthcare provider to fill out and sign the Prescriber and Prescription Sections of the application form.
  - *A single application may include up to 2 Kadmon medicines.*
  - *Each application is valid for up to 48 weeks. After 48 weeks, a new application will be required.*
  - *A separate application is REQUIRED for each patient.*
4. Place all required documents together, including:
  - *Original completed and signed application form (both Patient and Prescriber Sections).*
  - *Photocopies of Income Verification.*
5. Fax or Mail the completed application form and documents to
  - Fax: 1-800-724-8036
  - Mailing Address: Aspire Patient Assistance Program 1640 Century Center Parkway, Dept 053 Memphis, TN 38134

### **Co-Payment Assistance**

The Kadmon CoPay Savings Cards are available for most commercially insured and self-pay patients. Patients covered by Medicare, Medicaid, TRICARE, or other federal or state healthcare programs, as well as residents of Massachusetts, are not eligible. To print an instant CoPay Savings Card, visit: [www.ribapak.com/savings](http://www.ribapak.com/savings) AND/OR [www.infergen.com/savings](http://www.infergen.com/savings).

# Gilead

### **Gilead (Hepatitis B Medications)**

For free Hepatitis B medications (Viread, and Hepsera) there is a Patient Assistance Program that helps out clients if they do not have any health insurance coverage and covers clients who have a medical plan, but no drug plan. Gilead also offers co-pay assistance as well. Client would need to fill out an enrollment form to access the Patient Assistance Program.

### **General Qualifications for The Patient Assistance Program**

1. Client has no health insurance coverage
2. Needs financial assistance (income guidelines to be discussed with a Gilead representative)

### **Application Instructions**

To get application online go to <http://www.needymeds.org/papforms/gilead0083.pdf>

\*Enrollment form does not have to be filled out or signed by a doctor, Medical Professional (Patient Advocate, Social Worker, Human Service Work, etc is ok)

1. Fill out first page of the enrollment form with the client.
2. Have doctor fill out the "Diagnosis code" box located at the top right of the form, if not, call the doctor's office to get diagnosis code.
3. Have the doctor fill out the section "Prescribers Information" in box #2.
4. If not a doctor, a Medical Professional can fill out box #3 "Patient Advocate Information". Complete rest of the form.
5. Send in attached documents (enrollment form and proof income: W-2, pay stubs, or other means if no employed) and completed enrollment form.
6. Call Gilead after 2-3 business days to check on status of application, if sent in by mail.

Fax application, and documents to 1-800-216-6857

Or

Mail documents to  
Advancing Access Patient Program  
P.O box 13185  
La Jolla, California 92039.

If client does not have phone, make note on the enrollment form to call client's counselor.

### **Co-Payment Assistance**

Call 1-877-505-6986 to register for co-pay assistance. Registration will take approximately 3-15 minutes. How much co-pay assistance will cover depends on how much supply client needs. Coverage amount is dependent on patient's insurance plan. For more inquires visit [www.gilead.com](http://www.gilead.com) or call 1-800-226-2056. Business hours are from 9am-8pm Eastern Standard Time.

# Bristol-Myers Squibb (BMS)



### **Bristol-Myers Squibb (BMS)(Non Hepatitis Medications/Vaccines)**

Client would need to qualify for BMS Patient Assistance Program by filling out an enrollment form. The Patient Assistance Program would assist client if they have any financial hardship. There is no Co-pay Assistance Programs. Client will get the medication for free or be denied.

### **General Qualifications**

1. No prescription coverage.
2. Must be residing in a U.S address.
3. Must make under BMS income guidelines. More information is on the application regarding income guidelines.
4. Medicare D is an exception.
5. No age limit.

### **Application Instructions**

Go to <http://bmspaf.org/program0.html> to obtain enrollment form. If client does not have a phone, make a note on the form to contact the client's counselor.

1. Select the type of drug client is prescribed, then a new window will prompt
2. Click "Download application"
3. Once the application is downloaded, have the counselor go over the second page with the client. (Depending on what drug the client selected, it will show up in the application what type of drug was selected on the application title)
4. Client must have his/her doctor fill out and sign the form
5. Must attach recent proof of income (1040 Tax form, W-2, etc)

### **Medicare Part D**

If client has Medicare Part D coverage, but still is having financial hardships. In order to get assistance client must apply for the assistance program:

1. The application needs to get denied.
2. Client then must request a reappeal.
3. Client will be approved by the BMS Patient Assistance Program.

Medicare Part D clients will take longer to be approved and the time of approval can vary depending on the client's information.

After application is complete, client can send application by mail or fax. Client can fax application to 1-866-5985561. Mailing address is on the application.

**Submitted By Mail**

If application is sent by in mail, the process will take about two weeks to complete. The client should call in two weeks.

**Submitted by Fax**

If application is sent in by fax, it would take 48 business hours to complete. The client should call after two-three business days to check status of application. Faxing application is highly recommended.

For more inquires download the patient guide at <http://bmspaf.org/pdf/PatientGuide.pdf>, visit [bmspaf.org](http://bmspaf.org), or call 1-800-736-0003 Business hours are from 9am-6pm Eastern Standard Time.

# Glaxosmitkline (GSK)

### **Glaxosmiteline (GSK Vaccine Access Program)(Hep A + Hep B=Twinrex Vaccination)**

The Vaccine Access Program (VAP) helps out client to receive free vaccinations. The client would need to fill out an enrollment form and have their doctor register on the VAP website. For this program, there is no co-pay assistance.

#### **General Guidelines**

1. Have no health coverage
2. Must meet VAP income guidelines. More information on income guidelines can be found on the application and at <http://www.gsk-vap.com/patient-eligibility.html>.
3. Must be a resident of ht U.S or District of Columbia
4. The client has an annual household income less than or equal to 250% of the federal poverty level, adjusted by household size

#### **Application Instructions**

Go to <http://www.gsk-vap.com/assets/pdf/2010VaccineApplication.pdf?ts=1322525317614> to obtain the application. Client's doctor must also register with VAP. If client does not have a phone number, make a note on the enrollment for to contact client's counselor.

1. Have client's doctor register with VAP @ <https://www.gsk-vap.com/prescribers/prescriber-registration.html>
2. Have counselor fill out form with the client. Complete sections 1, 2, 5
3. Attach recent income documents (1040 tax form, W-2, etc) with application
4. Have applications completed signed by client and doctor
5. Fax all documents to 1-877-822-1555
6. Wait for 10mintues to check on status of application, if approved, client will receive free vaccination

#### **For Refill Instructions**

Go to <http://www.gsk-vap.com/assets/pdf/2010DoseAuthorization.pdf?ts=1322525939730> to obtain Dose Authorization Request Form. Client would need to fill out section 2 (Patient Information) of the application.

Enrolled clients are eligible to receive additional doses of vaccine that are available through the program for up to one year. If needed, the client can re-apply for continued assistance.

All documents are submitted by fax not mailed. For more inquiries visit <http://www.gsk-vap.com/index.html> or call 1-877-822-2911. Business hours are from 9am-7pm Eastern Standard Time.

# Partnership For Prescription Assistance (PPARx)

### **Partner For Prescription Assistance Program (PPARx)**

PPARx assist clients obtaining medications at free-low cost charge, and co-pay assistance. If PPARx does not have the medication the client is looking for, PPARx will refer the client to a wide variety of different patient assistance programs that other medical companies have. The client must fill out an application to see what kind programs PPARx can assist with.

### **General Guidelines**

Each medical company being referred to has different program guidelines in order to qualify. The usual guidelines are having no health coverage, making under income guideline (to be determined by the medical company client is applying at), and what kind of assets the client holds.

### **Application Instructions**

If the client has no phone, advise PPARx representative to call client's counselor and make a note of the application. Again PPARx refers out clients if PPARx does not carry the desired medication the client is requesting. Each medical company being referred to has their qualifications. A PPARx representative will gather basic information from client to make the refer process faster, if being referred out to another medical company.

### **Instructions To Fill Out Form Over The Phone**

If client doing the application over the phone, client must provide the following information.

1. Age
2. State of residence and ZIP code.
3. Estimated gross annual household income.
4. Number of people living in household.
5. Brand name of prescription medicines they are currently taking or have been prescribed.
6. Type of health insurance and/or prescription coverage (if applicable).

### **Instructions To Fill Out Form Online**

Go to <https://www.pparx.org/en/gethelp>, and fill out the form online with the client.

1. Select the medicines from the list.
2. Provide basic information about client and type of drug coverage if client has any.
3. Select which Patient Assistance Program the client maybe eligible for and select the ones the client would apply for.
4. Print, complete, and mail the application to the company the client is applying for. Some forms will require a doctor's signature.

To check status of application, depending on the company, it may take about a month to get a status. Have the client call frequently (every 3 business days) to check on their application status because some companies process applications faster. Again client must CALL THE MEDICAL COMPANY, and not PPARx.

If the medication is not with PPARx, PPARx will give the medical company's contact information to the client, so the client can apply directly with the company. There are no documents to be sent to PPARx.

**Co-Payment Assistance**

Go to [http://www.pparx.org/en/prescription\\_assistance\\_programs/co-payment\\_programs](http://www.pparx.org/en/prescription_assistance_programs/co-payment_programs)

There is a bunch of drug companies that PPARx are affiliated with. A PPARx representative can assist client for which co-pay program will fit the client best.

**Savings Card**

Go to [http://www.pparx.org/en/prescription\\_assistance\\_programs/discount\\_cards](http://www.pparx.org/en/prescription_assistance_programs/discount_cards)

In addition to co-pay assistance, there is also a Savings Card program that other drug companies has implemented to obtain free-low prescription drugs.

For more inquires go to <http://www.pparx.org/> or call 1-888-477-2669. Business hours from 9am-5pm Eastern Standard Time.

# Together Rx



### **Together Rx**

Together Rx is a savings card program that a client could receive up to 25%-40% on over 300 brand name prescription drugs at participating pharmacy stores. Client must enroll for the program by filling out an application: over the phone, online, or by mail.

### **General Qualifications**

1. No prescription drug coverage
2. No Medicare/No Medicaid
3. Must meet Together Rx income guidelines. (each state varies)
4. No age limit
5. Residing in the U.S

### **Application Instructions**

If client has no phone, make a note on enrollment form to contact client's counselor. No documentation is required for enrollment.

### **Enrolling Over The Phone**

Process will take less than 10 minutes to complete. Call 1-800-444-4106 to enroll and a service representative will take down client's information. After enrollment is complete, the client should receive their card in approximately one week. If client needs to use the card right away, a service representative can provide the client's savings card information (I.D#, Rx BIN, Rx PCN) over the phone.

### **Enrolling Online**

Process will take approximately 2-3 minutes to complete. Client could print the savings card online or write down the card's information.

1. Go to <http://www.togetherrxaccess.com/p/prescription-savings/about-together-rx-access/enroll.aspx> to get enrollment form
2. Go to the card labeled "Find out if you're eligible" Click agree
3. Fill out basic information all the way to step 3
4. Click submit at the end of step 3 to find out eligibility

### **Enrolling By Mail**

Process will take approximately 1-3 weeks depending on shipment.

1. Go to [http://www.togetherrxaccess.com/App\\_Controls/Enrollment/pdf/TRx\\_Access\\_Enroll\\_English.pdf](http://www.togetherrxaccess.com/App_Controls/Enrollment/pdf/TRx_Access_Enroll_English.pdf) to get enrollment form
2. Have counselor fill out form with client pages 1-2
3. Have client sign the application
4. Mail in completed application

5. Call Together Rx in 1 week to check on status application. If application is still pending arrival, have client call every few days to check status.

Check store locator on website for participating stores.

For more inquires call Together Rx at 1-800-444-4106 or visit the website at <http://www.togetherrxaccess.com>. Business hours are from 9am-5pm Eastern Standard Time.