

# NEED HELP WITH YOUR PRESCRIPTION MEDICATIONS?

*If you can't afford your prescription medicines you may qualify for help!*

Prescription *for*  
Good Health

**Prescription for Good Health** can enroll you in drug company prescription assistance programs that greatly reduce your cost for medications.

***You may qualify for help if you:***

- Can afford to pay \$50 every 3 months for prescribed medications (\$200 a year)*
- Are a resident of Franklin County*
- Meet the below income qualifications*

Family Size	Annual	Monthly	Weekly	Hourly
1	\$20,800	\$1,733	\$400	\$10.00
2	\$28,000	\$2,333	\$538	\$13.45
3	\$35,200	\$2,933	\$676	\$16.90
4	\$42,400	\$3,533	\$815	\$20.37
5	\$49,600	\$4,133	\$953	\$23.82

*Franklin County residents who meet eligibility requirements will obtain a **90 day supply of brand name prescription medications for a \$50 quarterly copayment (\$200/year) regardless, of the number of medications they qualify for.***

Please call **Prescription for Good Health** at :

**1-877-223-1505** to learn how you can begin receiving your prescription drugs. Or complete the enrollment application on the back of this sheet and mail it to the address provided and someone will contact you soon.

Funded by:



Administered by:



**Q** How can I find out if I qualify for Prescription for Good Health?

**A** You can find out by calling 1-877-223-1505 and talking with a patient assistance services representative. The customer service representative can help you apply then if you qualify.

**Q** What am I getting-the drug prescribed or a generic?

**A** The drug your doctor prescribed for you is the one you will receive. All drugs are brand name drugs, not generics.

**Q** What kinds of prescriptions are offered by Prescription for Good Health?

**A** Over 3,000 brand name medicines are offered by Prescription for Good Health.

**Q** What if the medicine I need is not offered as part of Prescription for Good Health?

**A** If this happens, you can ask your doctor to prescribe another drug like the one you need.

**Q** What if I have some drug coverage from my employer, can I still be a part of Prescription for Good Health?

**A** No, unless the only coverage you have is from an HMO, then you can qualify.

# Prescription *for* Good Health

## APPLICATION FORM

### *Patient Information*

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Township/Village: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone ( ): \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

The best time to contact me during the work-week is in the: (circle one) Morning Afternoon

### *Alternate Contact Information (calls, paperwork & invoices may be directed here)*

Name : \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### *Physician Information (please write down the doctors who prescribe your medication)*

Doctor #1	Doctor #2
Name _____	Name _____
Facility Name _____	Facility Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Office Phone ( ) _____	Office Phone ( ) _____

### *Prescription Information (please put the prescribing doctor # with each medication)*

Dr.#	Drug Name	Strength	Frequency (ex: take 2 times daily)

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete, sign and mail this entire application to: *Prescription for Good Health*, c/o Patient Assistance Services, Inc PO Box 407 Marion OH 43301-0407 or call 1-877-223-1505 for more information.