

Prescription Assistance Form

Our outreach is a safe, affordable, and easy way to get the medicines you need. ECG Outreach Program is a patient assistance program that offers more than 500 prescription medication strengths in 45 different therapeutic categories including medications to treat heart disease, diabetes, high cholesterol, and depression. The program can be used by those who are uninsured and underinsured and can be used in conjunction with other programs including Medicare Part D, other patient assistance programs, and discount cards.

ECG Outreach Program is pleased to partner with many Pharmaceuticals to provide benefits through our low cost medication program.

By enrolling in ECG Outreach Program, we offer you an enhanced medication program that will enable you to get great savings. In addition, you have access to more than 600 other medications offered through the program.

Program Benefits include:

- Expanded Medication List – Access to over 600 chronic medication strengths,
- Low Cost
- Mailed Directly to Your Home – Medications will be sent directly to the address of your choice.
- Find alternative or specific prescription programs
- Enrollment Qualification- may require according to the drug.

TO ENROLL, PLEASE FILL OUT EACH FIELD

First name: _____ Last name: _____

Date of birth: - -

Social Security or Green Card #: (If you do not have a SSN / Green Card, write N/A)

Address:

City: _____ State: _____ ZIP: _____ Circle one: Male / Female

Phone number: () _____ E-mail: _____

Clinic or Physician Group (write N/A, if none): _____

Address:

City: State: ZIP:

Phone number: () E-mail:

Food / medications you are allergic to:

Other Medication you are taking and medical conditions:

Shipping address if different from above (Your shipping address must be a deliverable U.S. Post Office street address.):

Name: Address:

City: State: ZIP Code:

Income Information: Annual household income: \$ Number of people in your house, including you:

Source of Income:

- Social Security Benefits (SS, SSI, SSDI)
- Wages
- Interest/Dividends
- Pension
- Unemployment Compensation
- Please list other income source(s)

How did you learn about ECG Outreach Program? Doctor Social Service Organization
Other Clinic/Healthcare Facility Self/Family

You must sign the form before we can send your medicines. I attest that the information provided in this application is complete and accurate. This authorization or a copy shall be valid for 12 months from the date of signature. I understand that ECG Outreach Program reserves the right to request income verification from me or refuse my application based on any misuse, abuse or illegal distribution of any

products in this program. I will not seek reimbursement of any fee I pay to ECG Outreach Program from my health insurance, including Medicaid, Medicare or similar programs.

Signature Required: _____ Date: / / (If advocate/guardian signing on behalf of patient-please denote relationship and complete below)

Patient Advocate/Guardian Contact: Phone: ()

IF PLACING AN ORDER

How to Pay:

Credit card/Debit card number: - - - - -

Expiration date: - - / - - CWW - - -

Visa MasterCard Discover Please check one.

I authorize ECG Outreach to charge this credit card for payment on my application fee of \$50- \$100.

Total Amount \$

Name on card:
credit card)

Cardholder Signature:

(required if using a

TO ORDER CONTROLLED SUBSTANCES, YOU MUST ATTACH A COPY OF YOUR PHOTO ID CARD (for example, a driver's license or state ID card). Controlled substances and non-controlled medications will ship separately. We cannot ship controlled substances to a P.O. box or a doctor's office. (Controlled Substances are: Alprazolam, Androxy, Chlordiazepoxide, Clonazepam, Dexmethylphenidate, Dextroamphetamine-Amphetamine, Dextroamphetamine-Amphetamine ER, Dextroamphetamine sulfate ER, Diazepam, Diphenoxylate/ Atropine, Donnatal, Eszopiclone, Lorazepam, Modafinil, Methlyphenidate, Methylphenidate CD, Methylphenidate LA, Oxandrolone, Temazepam, Testosterone, Tramadol, Zaleplon, Zolpidem and Zolpidem ER).

You can fax in the application to 803-234-5004.