**Patient Assistance Contract**

Dear Patient,

We will try our best to secure free or discounted medications on your behalf; however, each pharmaceutical company has its own policy and financial guidelines that we must follow. Below are a few of the things that we expect from you:

• Provide proof of income. This can be a copy of last year’s tax return, a copy of your statement of benefit from Social Security, copies of the last four check stubs, or other documentation that the pharmaceutical company stipulates. Your financial information does not go into your medical chart and will be used only to apply for the programs.

• If you are accepted into an assistance program, you will be notified. The medication will come to your doctor’s office, and you will have to sign for it. Medications usually come with a 90-day supply or less. When you pick up the medication, we will ask you to sign a new application form, which we will keep on file until you need to order a refill.

• Notify the office when you are down to a 30-day supply of medication. This will ensure that you receive your refill in a timely manner, since it can take the pharmaceutical company as long as three to four weeks to issue a refill. If you do not notify our office within this time frame, you may run out of your medication. We will not be able to provide you with samples if this situation occurs. We will give you a prescription for your medication, but you will be responsible for the cost of the medicine. If through no fault of your own the medication does not arrive in time, we will issue you free samples (if we have them) until your medication arrives. It will be your responsibility to pick up your medication as soon as possible.

• Notify our office if your financial or insurance situation changes.

• Keep in mind that once a medication has a generic substitute, many pharmaceutical companies will no longer provide assistance for that drug. We will do our best to keep you informed when this happens. Your cost for a generic drug is much cheaper than the brand name form. Over-the-counter medications available at pharmacies are not offered by assistance programs.

• If you are habitually late in contacting the office for refills, completing forms or picking up your medications, or if you abuse your assistance medication, fail to provide the office with required financial information or fair to schedule and keep appointments with your physician, we will no longer assist you with these programs.

Given the increasing size of our Patient Assistance Program, it has become necessary for us to put these rules into place to ensure that all of our patients receive the same benefits. We ask that you read this document carefully and sign it if you understand and agree to comply with these requirements. If you have any questions about them, please do not hesitate to ask.

Thanks for your understanding.

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Patient signature Date

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