FAIRVIEW

2013 FAIRVIEW PHARMACY ASSISTANCE FUND WORKSHEET

The Fairview Pharmacy Assistance Fund provides one-time prescription assistance to Fairview Clinic/Fairview Pharmacy patients experiencing financial hardship. Eligible patients typically have no prescription drug benefits and/or have exhausted their coverage. They also must not be eligible for or have access to alternative sources of coverage or funding (i.e. Medicaid, MN Care, Medicare, etc.) All applications are reviewed on a case-by-case basis. The **Fairview Pharmacy Assistance Fund Foundations purpose is to assist patients who have no coverage and cannot afford their prescriptions.**

You'll need to complete this worksheet and provide us with one of the following income documents that show your total gross annual household income.

Examples of proof of household income could include:

- **30 days of current pay check stub**
- **Federal Tax Return (Form 1040 or 1040EZ) for the prior tax year**
- **Wage and tax statements (W-2 forms)**
- **Social Security, pension or railroad retirement statements (SSA-1099 or similar)**
- **Statements of interest, dividends or other income (1099-INT, 1099, 1099-DIV or other forms)**
- **Proof of Unemployment Income**

This worksheet along with one of the above approved proof of income is required to process eligibility.

Failure to include proof of income will result in rejection of application.

Name of Patient:_____ Patient Date of Birth: _____

Patient Address: _____ Patient Phone Number: _____

City_____ State_____ Zip _____

Name of Referral Source: _____

Referral Source Phone Number: _____

Patients must meet ALL the following requirements to be considered:

❑ Patient must receive primary care at a Fairview owned clinic or is a regular Fairview Pharmacy patient.

Please list:

Primary Clinic/Pharmacy: _____

Primary Care Doctor: _____

Current Pharmacy Provider: _____

❑ Patient has NOT previously utilized the FPS Pharmacy Assistance fund during this calendar year.

❑ Patient's Gross Annual Household Income is at or below two times the Federal Poverty Guidelines (**circle number in household**):

Total number of people in household	1	2	3	4	5	6	7	8
Maximum Annual Income (2013)	$22,980	$31,020	$39,060	$47,100	$55,140	$63,180	$71,220	$79,260

❑ Patient meets one or more of the following criteria (check all that apply):

___ has no insurance coverage

___ has met coverage limit/cap/donut hole

❑ Patient has exhausted all other options for coverage and is not eligible for alternative sources of coverage for funding (i.e. MA, MN Care, Medicare)

Referrals can be faxed (612) 672-5201, emailed (TKiggin1@fairview.org) mailed to 711 Kasota Ave SE, Minneapolis, MN 55414 Attn: Terri Kiggins or made directly to Terri Kiggins at 612-672-5667.