



2018 FAIRVIEW PHARMACY ASSISTANCE FUND FACT SHEET

The Fairview Pharmacy Assistance Fund provides one-time per calendar year prescription assistance to ***established Fairview Retail Pharmacy and/or Clinic patients*** experiencing financial hardship. ***Eligible*** patients typically have no prescription drug benefits and/or have exhausted their coverage. All applications are reviewed case-by-case. The purpose of the **Fairview Pharmacy Assistance Fund is to assist patients who have no coverage and cannot afford their prescriptions.**

Eligibility Criteria:

1. You must receive primary care from a Fairview owned clinic and/or regularly get your prescriptions filled at a Fairview Retail Pharmacy.
2. You have no insurance coverage for prescription medicines or your coverage has been exhausted.
3. Your total Gross Annual Household Income is at or below 2.5 times the Federal Poverty Level (see chart)
 - Total number of persons in household includes yourself and those for whom you are financially responsible.
 - Total Gross Income includes: income from **all** earners in the household **before** taxes and deductions.
4. You have not previously utilized the FPS Pharmacy Assistance Fund during this current calendar year.
5. Your request does not exceed \$500.00.

Total number of people in household	1	2	3	4	5	6	7	8
Maximum Annual Income (2018)	\$30,150	\$40,600	\$51,050	\$61,500	\$71,950	\$82,400	\$92,850	\$103,300

How to Apply:

Please call the Pharmacy Assistance Fund Program at 612-672-5667. Office hours are 8:00 am until 3:30 pm.

Terri Kiggins, Supervisor
 711 Kasota Ave SE
 Minneapolis, MN 55414
 Fairview Pharmacy Services
 TKiggin1@Fairview.org
 Main Phone: 612-672-5667
 Fax: 612-672-5201