

**BEFORE FILLING OUT THE APPLICATION,  
PLEASE READ THIS LETTER ENTIRELY.**

**\*PLEASE KEEP THIS LETTER FOR YOUR REFERENCE,  
DO NOT RETURN IT WITH YOUR APPLICATION\***

Dear Patient:

Enclosed are the papers to sign up for the medication assistance program. Please be sure to fill out the application *completely* (7 sections) and initial and sign *all* areas on the patient contract or the forms will be returned to you.

The medication assistance program offers free medicine to help those without ANY prescription coverage who cannot afford to purchase their medication. **If you have prescription coverage you are not eligible for this program.** Even if you have a policy that covers only a portion of your medication and you are left with a co-payment, you do not qualify for this program. Once we receive the application, patient contract and all required documents back from you we will process your application as quickly as possible. Please understand that until we receive *all* the necessary information your medication cannot be ordered. **This means that IF YOU DO NOT RETURN APPROPRIATE PROOF OF INCOME WE WILL NOT ORDER MEDICATION FOR YOU even if we have the application back from you.**

The medication will be requested from the pharmaceutical company and will be delivered to our office. It generally takes about two weeks to receive medication once it has been ordered. When the medication is delivered, we will call you to tell you it has come in. Medications are usually delivered in three-month supplies at a time. It is not necessary to call to see if your medication has arrived, we will call you or mail a letter if we are unable to reach you by phone. You will have to come to the clinic to pick up the medication, or you can have someone pick it up for you. The medication will **not** be mailed under any circumstances.

If you are unable to have the medication picked up within two weeks from the time we notify you, please call us. This way we know you still want your medicine and we will hold it for you. If you do not contact us we will assume you do not want the medicine and will put it out for samples and will not order any other medication for you. Until your medication comes in, we will be happy to give you samples *if we have them*. Otherwise you will be responsible for getting your medication as stated in the guidelines. If you have any questions feel free to call us at (276) 688-0441.

Thank you

Elizabeth Hicks, Coordinator  
Nell Catron, Advocate  
Dee Dee Clark, Advocate

**Mount Rogers Medication Assistance Program  
THROUGH THE BLAND COUNTY MEDICAL CLINIC**

**YOU MUST INCLUDE**

**A COPY OF YOUR IRS FORM 1040 TAX RETURN (NOT W2'S)**

**TO BE CONSIDERED FOR THIS PROGRAM.**

**YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT IT.**

