



SACO RIVER MEDICAL GROUP

MEDICATION BRIDGE ASSISTANCE PROGRAM

Dear Patient:

Thank you for your interest in the Medication Bridge Program (Med Bridge). The goal of this program is to assist eligible uninsured and underinsured patients of Saco River Medical Group to receive needed prescription medications from pharmaceutical companies that offer assistance programs. The price for each 90 day supply of medication through our program is \$5.00 per prescription and is based on final eligibility in the program.

Please complete the attached application and return it by mail or drop it off at SRMG, with current proof of your income.

Proof of income could be any or all of the following, depending on your situation and the pharmaceutical company applied to.

1. Most recent tax return, first 2 pages only.
2. Current paystubs, last 4 weeks, consecutive.
3. Unemployment Benefits Statement.
4. Child Support or Alimony.
5. Social Security Award Letter for current year.
6. VA Benefit Statement

If none of the above pertains to your situation you must speak with an advocate at SRMG in the Medication Bridge Program in order for them to advise you of what documentation would be acceptable.

Once we receive your completed New Patient Application, Information Release Consent Form and proof of income, we will begin processing your application to the pharmaceutical companies. Please remember, it may take 4-6 weeks before the first shipment of medications arrive in our office.

If you should need further assistance in filling out this application or have any questions please feel free to call us at 447-3500 Ext. 219 Monday - Fridays from 9:00 AM – 4:00 PM.

Sincerely,

Medication Bridge Coordinator
Kim Lopashanski, RN

Medication Bridge Patient Assistance Contract

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 is confidential and will be used only to apply for the programs. Proof of income is required yearly.
- 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, the cost for the medication will be a co/pay of \$5.00, unless prior arrangements are made.
- 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 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 fail to schedule and keep appointments with your provider, 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.

By signing this document, I am authorizing the donation to SRMG of unused prescription medications originally obtained for me by an authorized representative of Saco River Medical Group through the Medication Bridge Assistance Program. This includes medications that I have not claimed and/or medications that I no longer need as determined by my healthcare provider. I also agree that I have read and understand the expectations of me as a participant in the Medication Bridge Program as they are outlined above.

Patient Name (Please Print)

Patient signature

Date

