

R_x Med Assist Prescription Assistance Program

Do you pay full price for your medications?

Can't afford your prescriptions even *WITH* a discount card? Are you spending \$200, \$300, \$500 even \$2,700 a month or more on maintenance medications?

R_x Med Assist Prescription Assistance Program



- For those who do not have private or public sources of prescription coverage and meet certain income guidelines
- **Free** application process and review of over 250 programs that may help you save on meds
- We access, complete and process all forms for you
- Very generous income qualification (see below)
- Over 4000 medications in the program
- We stay current on program changes for you
- We inform and educate you on the options that best fit your needs
- We handle all reapplications for you
- \$20 per R_x per month (up to \$25 depending on the medication)

Our primary purpose is to provide people with solutions to the rising cost of prescription medications by providing them with affordable access. We have developed a full-service Prescription Advocacy Service designed to accommodate the patient based on their prescription need. What truly differentiates our program is the fact that we have the technology, the people and the entire array of services necessary to support a patient's medication needs.

Summary of the Fee Structure and Enrollment Process: Qualification is based on income and when you apply you will receive a **free** case evaluation. The approval process takes 48 – 72 hours. When approved, you will receive an enrollment packet to complete and return with a one-time setup fee of \$25. The remainder of the enrollment process takes 4 to 6 weeks. Thereafter, you will be charged \$20.00 - \$25.00 per medication each month. Your medications are sent in a 90 day supply but some are available in a 30 day supply. The program is ongoing for 12 months.

2010 Income Requirements

<u># in Household</u>	<u>Gross Annual Income</u>	<u># in Household</u>	<u>Gross Annual Income</u>
1	up to \$27,075 per year	5	up to \$64,475 per year
2	up to \$36,425 per year	6	up to \$73,825 per year
3	up to \$45,775 per year	7	up to \$83,175 per year
4	up to \$55,125 per year	8	up to \$92,525 per year

add \$9,350 for each additional family member after 8

Complete our free application and mail or fax it in today



When you can't afford the drugs you need

Fax application to: 1-208-765 1310

Or mail application to:
NBBI – Rx Med Assist
25 Hanover Rd., Suite 150
Florham Park, NJ 07932

Prescription Assistance Application

Agent/Coordinator Info.:	Rossella Mancinelli / 820192285 – NBBI / Phone 1-800-544-6018		
Applicant Name:	First:	MI:	Last:
Home Phone:			
Cell Phone:			
Email:			
Best time to contact:	Day:	Time:	AM or PM Time Zone:
Best number to contact:	Home Phone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>	
State:			
Does applicant currently have prescription drug coverage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are any applicants currently enrolled in Medicare?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If yes, are they enrolled in Medicare Part D? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are any applicants currently enrolled in Medicaid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Total family members in household (per IRS):			
Annual Gross Family Income:			

Medication Information

Provide any medication information in the areas below. You may add up to 10 rows of information.

Person	Medication (Exact Spelling)	Strength	Dosage (x per day)	Cost per month

Additional Comments: (examples: in the Medicare benefit gap/donut hole, on Medicaid but take more than 5 medications, coverage excludes certain medications, lost my coverage, have no coverage, etc.)