

Med-link Program

The Med-Link Assistance Program is a service that compares your medications to the patient assistance programs and prescription discount cards currently provided by pharmaceutical companies. To receive this service, you need to be a resident of the Upper Coastal Plain Council of Governments region, which consists of Edgecombe, Halifax, Nash, Northampton and Wilson counties. You must also receive Medicare benefits.

INSTRUCTIONS FOR PARTICIPATING

Please complete the attached Application and Program Agreement. You can mail it, fax it or drop it off at the address at the bottom of the application. Our Med-Link Coordinator will research your prescriptions and call you to schedule an appointment. Once your paperwork is received, it could take up to one week to receive a call from our coordinator.

Please bring the following information to your appointment:

- ❖ Medicare Card and Social Security Card
- ❖ Proof of Income for last year. This can be your Tax Form or if you did not file taxes, your SSA 1099 form .
- ❖ Proof of current income. You may already have this information in a letter from Social Security. If you do not have documentation of your current Social Security, go to the Social Security office and request an Awards Letter. If you are married, income must be your income plus your spouse's income even though you are looking for help with your medications .
- ❖ Proof of any other income: pension/retirement from a job, rental income, farm income, etc .
- ❖ If you have a discount card you use when purchasing prescriptions, bring this card with you .
- ❖ If you have a Medicare Part D Prescription Plan, bring this card with you .
- ❖ You may want to bring someone with you to the appointment to help you complete your paperwork and organize your "take home" information.

Once completed, you have three options for submitting to the Med-Link Coordinator:

(1) MAIL Attn: Angela Hunter
Upper Coastal Plain AAA
PO Drawer 2748
Rocky Mount, NC 27802

(3) FAX Attn: Angela Hunter
(252) 446-5651

(2) DELIVER Attn: Angela Hunter
Upper Coastal Plain AAA
1309 S. Wesleyan Boulevard
Rocky Mount, NC 27803

Questions ?

**Call the MedLink Coordinator
(252) 446-0411**

Please keep this page for your records!!

Received: _____

Called: _____

Appointment: _____

Med-link Application

Please Print Clearly

Please only include requested information on this form, additional information is not needed and can slow down the processing of your paperwork.

Name: _____

Address: _____

Phone Number: _____ County: _____

Social Security Number: _____ Medicare Number: _____

Last Year's Total Household Income: _____ Date of Birth: _____

Single Married Widowed

Do you receive Medicaid benefits presently? Yes No

Have you received Medicaid benefits in the past? Yes No
(if you no longer receive benefits, you will need to provide a letter of denial from Social Services)

Are any of your medications paid for by **Medicaid**? Yes No On Spend-Down

Are any of your medications paid for by **TriCare** (Military Program)? Yes No

Are any of your medications paid for by your **Pension or Retirement** program? Yes No

Are any of your medications paid for by **Veteran's Administration**? Yes No

Do you have **Medicare Part D Prescription Insurance**? Yes No

If so, what plan do you have? _____

Do you currently use any type of **Drug Discount Card**? Yes No

Please list any thing else you have that helps you pay for your medications:

If you are filling out this form for the person noted above, please give us your name and telephone number and we will contact you with our results.

Your Name: _____ Phone Number: _____

Note: Don't Forget to Complete the Back Page

Med-link Program Agreement

The Upper Coastal Plain Area Agency on Aging will do everything we can to assist you in receiving low cost or no_cost prescription drugs. However, it is important to remember that the Med-Link Coordinator does not make the ultimate decision about assisting you with your medications.

IMPORTANT

- ❖ We cannot guarantee that we can help you with each medication that you list. Sometimes there isn't an assistance program for a particular medication. Sometimes, companies will only assist you with a limited number of medications, and therefore you are better off not to pursue a low cost prescription .
- ❖ Companies that offer prescription assistance programs maintain the right to deny any patient for any reason. A company may also stop assisting you at any time without notification. The Area Agency on Aging cannot control these situations, but will try to help you if they occur.
- ❖ Please note that typically there is a 30 - 60 day waiting period before you receive your medication. Please wait at least 45 days before contacting the Med-Link coordinator unless you receive notification from the pharmaceutical company and you need further assistance. Also, please contact the Med-Link Coordinator if you have any changes to your medications.

I, _____, understand the Med-Link Program and the limitations of the Med-Link Coordinator. I will work closely with the Med-Link Coordinator to complete my paperwork in a timely manner and keep her up-to-date on any changes to my medications or requests for additional information from the pharmaceutical companies.

Client Signature: _____

Date: _____