

Thank you for downloading this prescription assistance document from NeedyMeds. We hope this program will help you get the medicine you need.

REMEMBER — Send your completed application to the address on the form, NOT to NeedyMeds.

Did you know that NeedyMeds has thousands of other free resources?

Here's a look at more ways we can help you save money on medicine and healthcare costs. Each one can be found under the "**Healthcare Savings**" tab on our website:

- **Diagnosis-Based Assistance** — NeedyMeds lists thousands of assistance programs for almost any health condition. If you are going through chemo treatment for cancer, there are programs that can help with wig costs and scalp-cooling products. We also list resources for free diabetes testing supplies, caregiver lodging support, and much more.
- **Free, Low-Cost, and Sliding Scale Clinics** — This popular collection contains information on 18,000+ free, low-cost, and sliding scale medical, dental, mental health and substance abuse clinics across the U.S. It's a great resource if you need affordable medical treatment and don't know where to go.
- **Coupons, Rebates & More** — You can use the NeedyMeds website to find 2,600+ cost-saving opportunities for both prescription and over-the-counter drugs and medical supplies.
- **Medical Transportation** — Need help getting to the doctor's office or medical facility? You may be eligible for financial assistance if you meet certain requirements.

NeedyMeds also offers information on diagnosis-based camps and retreats, recreational programs, scholarships, government programs, \$4 generic drug programs, and more.

Finally, I want to tell you about the NeedyMeds Drug Discount Card. Thousands of people use this free, anonymous, and easy-to-use tool to get the best price on their medications. Use the card to get discounts on lab tests and also to save 40% on durable medical equipment. To date, our drug discount card has saved patients over \$300,000,000. Check out the following page to learn more.

Feel free to call our toll-free helpline if you have any questions. We can be reached at 1-800-503-6897 Monday-Friday, 9am-5pm Eastern Time.

Thank you for using NeedyMeds. Please let us know if we can do anything else to help you afford the costs of your healthcare.



Rich Sagall, MD
President, NeedyMeds

Clip the card and save



DRUG DISCOUNT CARD

BIN: 020750
RX PCN: NMeds
RX GRP: PDFPDF
ID: NMNA019309901930

Customer Care
1-888-602-2978

This is a drug discount program, not an insurance plan.

NeedyMeds Drug Discount Card
www.needymeds.org

Patient: You may use this card at any of over 65,000 participating pharmacies to save on all prescription medicines. You cannot use this card with Medicare including part D, Medicaid, or any other state or federal programs unless you choose not to use your government-sponsored program. In addition, you cannot use this card with any health insurance program, but you can use it in place of your insurance if the card offers a better price. For questions call 1-888-602-2978 or visit www.drugdiscountcardinfo.com.

Pharmacist: Administered by Medical Security Company, LLC, Tucson, AZ.

Pharmacy Help Desk: 1-800-404-1031.



- Save up to 80% on medications*
- Use at over 65,000 pharmacies nationwide including all major chains
- Share the card with friends and family

- Use the card as often as needed
- Free, no fees or registration
- Never expires

What will receive a discount?

All prescription medications are eligible for savings, including over-the-counter medicines and medical supplies written as a prescription, as well as human-equivalent pet medications with a prescription by a veterinarian.

Save up to 40% off durable medical equipment, including canes, crutches, splints, incontinence supplies and more. You can also save on diabetic supplies such as glucose meters, test strips, lancets and diabetic shoes. Visit www.needymeds.org/dme to learn more.

You can also save an extra 5% on affordable lab tests and online results. No doctor's order or insurance needed. Visit www.needymeds.org/L2L for more information.

What if I have insurance?

Anyone can use the card, but it can't be combined with state or federal insurance. You can use the card instead of insurance if:

- A drug isn't covered by your insurance
- Your insurance has no drug coverage
- You have a high drug deductible
- You have met a low medicine cap
- The card offers a better price than your copay
- You are in the Medicare Part D donut hole

To obtain a plastic drug discount card, send a self-addressed, stamped envelope to:

NeedyMeds Drug Discount Card
50 Whittemore St.
Gloucester, MA 01930

The card is not valid in combination with insurance plans, including Medicare, Medicaid or any state or federal prescription insurance. The card can be used only if you decide not to use your government-sponsored drug plan for your purchases.

* Average savings of 60%, with potential savings of up to 80% or more (based on 2018 national program savings data). All prescription medications are eligible for savings.

This is a drug discount program, not an insurance plan. Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This program does not make payments directly to pharmacies. Users are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may call 1-888-602-2978 with questions or concerns or to obtain further information.



Rx FAX SECTION I

To: _____ From: _____
Phone -____ -____ _____ Phone: _____ -____ -____
FAX: _____ -____ -____ FAX: _____ -____ -____
DATE: ___M___ / ___D___ / ___Y___

Pages (including cover): _____

Patient Last Name: _____ Patient First Name: _____ Patient Gender: M F

Patient DOB: ___M___ / ___D___ / ___Y___ Patient Phone #: _____ -____ -____ Patient SSN: _____ -____ -____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Shipping Contact Name (if other than patient): _____

Contact Phone #: _____ -____ -____

- 1 Complete Section 1
2 Sign and Date Section 2
3 FAX to 1-888-237-9831

SECTION II

I certify that the patient named above currently meets the eligibility requirements for his/her state of residency's ADAP and that he/she is on the ADAP wait list in his/her state of residency. I agree that if at any time the patient becomes ineligible for the ADAP or is removed from the ADAP wait list, I will notify HarborPath immediately. I certify that the patient has signed a valid authorization for use and disclosure of personal health information allowing HarborPath to use and disclose to third-parties information for the purposes of completing, ensuring the accuracy of and verifying the patient's application and verifying the patient meets eligibility requirements for the program.

Authorized Signature _____ Date ___M___ / ___D___ / ___Y___ Print Name _____

Medications provided through the HarborPath ADAP Wait List Program: Cimduo, Combivir, Delstrigo, Dovato, Edurant, Emend, Epivir, Epzicom, Intelence, Isentress, Janumet, Januvia, Juluca, Kaletra, Lexiva, Norvir, Pifeltro, Prezobix, Prezista, Proventil, Retrovir, Symfi, Symfi Lo, Selzentry, Symtuza, Tivicay, Triumeq, Trizivir, Viracept, Zepatier, Ziagen.

TO BE COMPLETED BY MEDICAL PROFESSIONAL

Name: _____ Date: ___M___ / ___D___ / ___Y___
Address Line 1: _____
Address Line 2: _____
Rx
Refills _____
DISPENSE AS WRITTEN SUBSTITUTION PERMITTED
DEA# _____ Prescriber Name _____
License# _____ Prescriber Name _____
NPI# _____ Prescriber Address _____