

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

**REMEMBER - Send your completed application to 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 "**Patient 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 and dental 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 nearly 2,000 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.

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. To date, our drug discount card has saved patients over \$244,000,000. Check out the next page to learn more.



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

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



Richard J. 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](http://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](http://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.

You can also 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](http://www.needymeds.org/dme) to learn more.

## 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  
PO Box 219  
Gloucester, MA 01931

*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.



**INSTRUCTIONS FOR REFILLS**

**Refills Online** - (www.rxoutreach.org) - To place refills online, log on to your account on the Rx Outreach Patient Portal. Once signed in, your account activity will appear and any prescriptions available for refill will be listed under the Prescription Category. Check the refill box on the prescriptions you wish to refill, and follow the remaining steps to complete your order.

**Refills by Phone** - To place refills by phone, give us a call at 1-888-RXO-1234 (796-1234). A representative will be available to assist you Monday through Friday between the hours of 7:00am to 5:30pm CST or continue to the automated system 24/7.

**Refills by Mail** – To order refills by mail, please complete sections A, B, and C of this form, and mail required documents to Rx Outreach. An acceptable form of payment is required to process requested refills. New prescriptions may be included with this form and submitted for processing.

**To order controlled substances (CS), you must attach a copy of your photo ID card (e.g. driver’s license or state ID card). Controlled Substances will be shipped separately from other medications. CONTROLLED SUBSTANCES CANNOT BE SHIPPED TO A P.O. BOX OR DOCTOR’S OFFICE. YOUR SHIPPING ADDRESS MUST BE A DELIVERABLE U.S. POSTAL SERVICE STREET ADDRESS.** Controlled substance medications are only allowed up to a maximum of a 90-day supply (3 months), with one refill.

*I attest that my income remains at or below 400% of the federal poverty level. Annual income \$ \_\_\_\_\_ Household size # \_\_\_\_\_. I will not seek reimbursement of any fee I pay to Rx Outreach from my health insurance, including Medicaid, Medicare, or similar programs.*

**Section A: Refills by Mail** (use an additional sheet of paper if necessary)

Please complete the below sections. Be sure to specify the quantity/day supply for each medication you would like to refill. To find information regarding the cost of your medication(s), please visit [www.rxoutreach.org](http://www.rxoutreach.org). Should we have any questions regarding your medication(s), we may contact you or your doctor for additional information.

Script # _____	Script Name _____	Qty to refill _____	Cost of Refill \$ _____
Script # _____	Script Name _____	Qty to refill _____	Cost of Refill \$ _____
Script # _____	Script Name _____	Qty to refill _____	Cost of Refill \$ _____
Script # _____	Script Name _____	Qty to refill _____	Cost of Refill \$ _____
Script # _____	Script Name _____	Qty to refill _____	Cost of Refill \$ _____
Script # _____	Script Name _____	Qty to refill _____	Cost of Refill \$ _____
			<b>Total \$ _____</b>

**Section B: Patient Information**

Rx Outreach Customer Id #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Check this  box if you would like to receive our newsletter.

Doctor’s Name: \_\_\_\_\_ Dr. Phone #: \_\_\_\_\_ Dr. Fax #: \_\_\_\_\_

Please list any food/medicines you are allergic to: \_\_\_\_\_

Please list all medicines you are currently taking and medical conditions: \_\_\_\_\_

**Section C: Payment Information - Personal check, money order, credit card (Visa, MasterCard, Discover, or FSA account only).**

By check or money order: Make payable to Rx Outreach. *(Please do not send cash)* Amount Enclosed: \$ \_\_\_\_\_

By credit card: Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check type of credit card you are using:  Visa  MasterCard  Discover  FSA Exp: \_\_\_\_\_ - \_\_\_\_\_

<input type="checkbox"/>	Credit (check one)
<input type="checkbox"/>	Debit
Order Total \$ _____	

*I authorize Rx Outreach to charge this credit card for payment.*

Name on Card: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

I acknowledge that the information on this form is true and correct. I consent to the release by my health care providers of my medication information pertaining to prescriptions for Rx Outreach to be used for program authorization purposes.

**Mail this form & payment to: Rx Outreach, Inc. / P.O. Box 66536 / St. Louis, MO 63166-6536**