

#### Freemed

**Prescription Assistance Checklist** 

301 S Boulevard, Suite #2 Idaho Falls, ID 83404 Phone: 208-528-6337, Fax: 208-528-6339

Email: freemedoffice@gmail.com

### To Enroll, Please Bring the Following to Your Appointment

#### Identification/Citizenship Verification

Social Security Card Drivers License

or

State ID

or

Birth Certificate

or.

Resident Alien Papers/Card

## Insurance Information (Not every document may apply to you)

**Current Medicaid Denial Letter** 

and/or

Medical Insurance Card

or

All Medicare Cards

## Proof of Income/Financial Information

**Current Federal Income Taxes** 

or

**Current Social Security Benefits Letter** 

or

**Current Veterans Benefits** 

or

Current Workman's Comp Benefits

or

3 most recent paystubs

or

Most recent Bank Statements (90 days worth)

or

Current Health and Welfare Benefits Letter

#### **List of Current Medications**

Bring all your current bottles/boxes with you

or

Pharmacy Print out

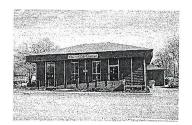
or

The application medication form attached

Call for an Appointment

208-528-6337

Hours: Monday - Thursday 9:00 am to 2 pm



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# **Applicant Information**

Name:					Date
Street Address					
Mailing Address (if different)					_
City			State:	Zip	
Phone #		Birtl	ndate:		
E-mail			Social Sec	urity #	
	1				
US Citizen	O Yes				
Legal Resident Alien	○ Yes	○ No			
	○ Yes	○ No			
Veteran	O Yes	○ No	¥		
Student	○ Yes	○ No			
Current Federal Income Taxes	○ Yes	O No			
Social Security Disability	○ Yes	○ No			
Copy of Medicaid Denial Letter	○ Yes	○ No			



## **Freemed**

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Gender		○ Female					
Employment Status	☐ Part- Time ☐ Unemploye ☐ Retired	Employed ed	<ul><li>☐ Full-Time Employed</li><li>☐ Self Employed</li><li>☐ Other</li></ul>				
Marital Status	☐ Single ☐ Divorced	☐ Married	Widowed				
# of people in the Household		Monthly Incom	ne				
Diagnosis	Drug Allergies						
Client Physician Information							
Dr. Name							
Dr. Address							
City State	Zip						
Phone #	1	Fax#					