



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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Phone: 208-528-6337 Fax: 208-528-6339

E-Mail: freemedoffice@gmail.com

Applicant Information

Name:

Date

Street Address

Mailing Address (if different)

City

State:

Zip

Phone #

Birthdate:

E-mail

Social Security #

-
- US Citizen Yes No
- Legal Resident Alien Yes No
- Veteran Yes No
- Student Yes No
- Current Federal Income Taxes Yes No
- Social Security Disability Yes No
- Copy of Medicaid Denial Letter Yes No



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Gender

Male Female

Employment Status

Part-Time Employed Full-Time Employed

Unemployed Self Employed

Retired Other

Marital Status

Single Married Widowed

Divorced

of people in the Household

Monthly Income

Diagnosis

Drug Allergies

Client Physician Information

Dr. Name

Dr. Address

City

State

Zip

Phone #

Fax #