

1. **GO TO YOUR LOCAL PHARMACY AND ASK THEM:**
  - A. **WHICH DRUG COMPANY MAKES THE DRUG YOU ARE TAKING?**
  - B. **WHAT IS THE 1-800----- PHONE NUMBER FOR THAT DRUG COMPANY?**
2. **CALL THE DRUG COMPANY AND TELL THEM YOU NEED ASSISTANCE IN GETTING YOUR MEDICATION AND ASK THEM TO SEND YOU THE NECESSARY FORM TO BE COMPLETED SO THAT YOU CAN RECEIVE MEDICATION ASSISTANCE.**
3. **FILL OUT THE FORM AS MUCH AS YOU CAN AND THEN TAKE IT TO YOUR DOCTOR BECAUSE THE DOCTOR WILL NEED TO FILL OUT PART OF THE FORM, TOO.**
4. **EITHER YOU OR THE DOCTOR CAN MAIL OR FAX THE FORM BACK TO THE DRUG COMPANY.**
5. **THE DRUG COMPANY, IF YOU QUALIFY, WILL THEN SEND THE DRUGS TO YOUR DOCTOR AND YOU CAN PICK UP YOUR MEDICATIONS FROM YOUR DOCTOR.**

**\*\*YOU WILL NEED TO DO THIS FOR EACH DIFFERENT DRUG COMPANY. FOR EXAMPLE: IF YOU ARE ON MORE THAN ONE MEDICATION THE DIFFERENT MEDICATIONS MAY COME FROM DIFFERENT DRUG COMPANIES.**

**\*\*\*ALSO, LET YOUR DOCTOR KNOW YOU ARE HAVING TROUBLE PAYING FOR YOUR MEDICATIONS. A LOT OF TIMES THE DOCTOR WILL BE ABLE TO GIVE YOU SAMPLES OF THE NEEDED MEDICATIONS.**