FAIRVIEW

2014 FAIRVIEW PHARMACY ASSISTANCE FUND FACT SHEET

The Fairview Pharmacy Assistance Fund provides one-time prescription assistance to patients experiencing financial hardship. Eligible patients typically have no prescription drug benefits and/or have exhausted their coverage. They also must not be eligible for or have access to alternative sources of coverage or funding (i.e. Medicaid, MN Care, Medicare, etc.) All applications are reviewed on a case-by-case. The **Fairview Pharmacy Assistance Fund Foundations purpose is to assist patients who have no coverage and cannot afford their prescriptions.**

Eligibility Criteria:

1. You must receive primary care from a Fairview owned clinic and/or regularly get your prescriptions filled at a Fairview Pharmacy.

2. You have no insurance coverage or benefits for prescription medicines or your coverage has been exhausted.

3. Your total Gross Annual Household Income is at or below 2 times the Federal Poverty Level (see chart)
   - Total number of persons in household includes yourself and those for whom you are financially responsible.
   - Total Gross Income includes incomes from **all** earners in the household before taxes and deductions.

4. You have not previously utilized the FPS Pharmacy Assistance Fund during this calendar year.

5. Your request does not exceed $500.00.

Total number of people in household	1	2	3	4	5	6	7	8
Maximum Annual Income (**2014**)	$23,340	$31,460	$39,580	$47,700	$55,820	$63,940	$72,060	$80,180

How to Apply:

Please complete the Fairview Pharmacy Assistance Fund Worksheet, which can be accessed at: http://mmgtwiki/twiki/bin/view/Main/PharmacyAssistanceFund

And submit it along with proof of income to:

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