

Central Vermont Medical Center

*******Individuals with Vermont Medicaid are not eligible for this program*******

APPLICATION FOR CVMC DISCOUNT PHARMACY PROGRAM

If you would like to apply for discounted prescription medication benefits, please answer the following questions and provide documentation of your income as requested below. **If there are multiple people in your family who are applying for the program, each individual must fill out a separate application.** Discounts are in addition to the standard medication charges provided through the Community Health Pharmacy. If you have questions about this program, please call 371-4109. Thank you.

Patient Name _____ Date of Birth _____

Mailing Address _____

Telephone #: _____

Name of Primary Care Physician: _____

List names and ages of all people living in the household _____

1. List current employment for all persons who contribute to the household income:

| <u>Name</u> | <u>Employer</u> | <u>Hire date/last date worked</u> | <u>Weekly Gross Pay</u> |
|-------------|-----------------|-----------------------------------|-------------------------|
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2. If you receive income from Social Security, disability, retirement, unemployment compensation, worker's compensation, alimony, pensions, renters, friends or relatives, or from other sources, please list:

| <u>Name of person receiving</u> | <u>Type of Income</u> | <u>Monthly Amount</u> |
|---------------------------------|-----------------------|-----------------------|
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I, the undersigned, certify that the information included on this document is true and complete to the best of my knowledge. I authorize CVMC to verify any of the above information and financial documents that I have provided. I further authorize CVMC to update my current pharmacy information, should I be approved for this program.

Signature of Patient or Responsible Party

Date

DOCUMENTATION OF INCOME IS REQUIRED. YOUR APPLICATION FOR DISCOUNTED MEDICATION BENEFITS WILL NOT BE PROCESSED IF DOCUMENTATION IS NOT INCLUDED.

Please provide at least one of the following to document current income for each household member who has income:

- Most recent pay stub
- Most recent income tax return
- Social Security benefit statement
- Pension benefit statement
- Unemployment benefit statement
- Other written documentation of income if not listed above

Please return to: CVMC Pharmacy Program, Attn: Kathy/Administration, P.O. Box 547, Barre, VT 05641.