



PATHS

Live Life. Be Healthy.

MEDAssist
Program

705 Main St. ♦ Danville, Virginia 24541
Voice: 434-791-4794 ♦ Fax: 434-791-4048

PATIENT APPLICATION

INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.

**Reason for returned application:
Missing income documentation, tax forms, and current medication list.**

Social Security#: ____ - ____ - _____ **Date Of Birth:** ____/____/____

Name (First): _____ **MI:** ____ **Last:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Phone: (____) ____-_____ **Secondary Phone:** (____) ____-_____

Gender: Male Female

Marital Status: Divorced Married Separated Single Widowed

Ethnic Group: African-American Asian Caucasian
 Hispanic Native American Other

Please check the answer that best describes the patient on the date of this application:

Disabled Employed Full-Time Employed Part-Time Retired
 Self-Employed Student Worker Temporary/Seasonal Unemployed

Total Number of People in Household: _____

Household Income Information:

Income of entire Household: (Please make MEDAssist aware of all income in household)	Amount: (Monthly)

Yes No

Filed Federal Taxes

Insurance Information:

Insurance Type	Patient Covered		Prescription Benefit Available Under Coverage	
	Yes	No	Yes	No
Uninsured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes what kind:

Please list all prescription medications currently being taken by the patient:

Medication Name	Strength	How many per day?	Physician Name

Please read the following:

- ❖ I verify that the information supplied on this form is true and accurate according to the best of my knowledge. I agree to contact the MEDAssist program if any of the information requested on this form changes, including but not limited to, address and household income information. I understand that MEDAssist will attempt to help me access free medication typically in 3 month supplies and I understand that it will be my responsibility to contact MEDAssist immediately should any of my medications change. **I understand that should I be found guilty of extending false information, that MEDAssist will revoke any benefits and I will no longer be eligible for their services.**
- ❖ I give my MEDAssist Case Worker the authority to contact my physician(s) and exchange any information necessary in order to apply for free medications through The Pharmacy Connection. I also give my MEDAssist Case Worker the authority to exchange information with the pharmaceutical companies that manufacture my medications in an effort to access free medication.
- ❖ I authorize my MEDAssist Caseworker to sign any necessary forms on my behalf when ordering medications for me through The Pharmacy Connection. I understand that this will speed up the ordering process by making it unnecessary for the forms to be sent to me and then back to MEDAssist. This signature authorization is valid as long as I am receiving services through MEDAssist.
- ❖ I understand that should I be found eligible to receive services through MEDAssist, that I will be expected to re-apply for services on an annual basis.
- ❖ **I understand that if I am approved to receive assistance through MEDAssist that I will pick-up all of my medications when I am notified and if there is a reason that I cannot pick-up the medications I will contact MEDAssist.**
- ❖ **I also understand that if I have 2 returns of medication I will be DISENROLLED FROM MEDASSIST AND WILL NOT BE ALLOWED TO BE RE-ENROLLED UNTIL THE NEXT YEAR.**

Patient Signature: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

In order to process your application, please provide a copy of each of the following:

- | |
|---|
| <ol style="list-style-type: none"> 1. Valid State Issued Picture ID (example: Drivers License) 2. Copy of the patient's COMPLETE most recent tax return. <u>1040 and Schedule C tax forms only. (W-2 forms will not be accepted).</u> 3. If you do not file taxes, please complete the attached form number 4506-T. 4. Verification of entire household income for the last 30 days. |
|---|

Once the application is completed, you can mail or hand deliver it to:

**MEDAssist
705 Main Street
Danville, VA 24541**

Request for Transcript of Tax Return

OMB No. 1545-1872

▶ **Request may be rejected if the form is incomplete or illegible.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Order a Transcript" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (See instructions)	
4 Previous address shown on the last return filed if different from line 3 (See instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.	

Caution. If the transcript is being mailed to a third party, ensure that you have filled in line 6 and line 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy.

- 6 Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶
- a Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
 - b Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 30 calendar days.
 - c Record of Account**, which is a combination of line item information and later adjustments to the account. Available for current year and 3 prior tax years. Most requests will be processed within 30 calendar days
- 7 Verification of Nonfiling**, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2007, filed in 2008, will not be available from the IRS until 2009. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 45 days

Caution. If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of signature date.

		Telephone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date	
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

Sign Here