Complete this initial form & mail along with the required items listed below to:

Free Medicine Enrollment Form

P. O. Box 515
Doniphan, MO 63935-0515

make more copies if needed

Be sure to apply for all of your medications. There is no limit.

Bureau of Prescription Help
Helping Americans of **all ages** stay healthy

Toll-Free 1-888-812-5152 • www.FreeMedicine.com

Be sure to include the following items:

1. The name, address and phone number of the person taking the medication(s) and list all of your medication(s).
2. The name and address of the doctor who prescribes the medication(s).
3. Send $10.00 (one-time processing and handling fee) for **EACH** medication requested to "Bureau of Prescription Help" It is payable by cash, money order or check to "Bureau of Prescription Help" and mail with this completed form.

(The medicine is free or low cost. The processing fee helps to fund and continue this program)

Please Print Clearly

First Name | M.I. | Last Name

Address (Street number / street name / apartment number / P.O. Box number)

City | State | Postal Code | Today's Date

Phone number | Date of Birth | M F Gender | $ _____ Total monthly household gross income

Email Address _____@_____

Are You Diabetic? ☐ Yes ☐ No

Are you on Medicare? ☐ Yes ☐ No

How did you hear about us? _____

	NAME OF MEDICATION	DOSAGE	Times Per Day	DOCTOR'S NAME & ADDRESS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

More than 12 prescriptions? Attach an additional sheet of paper

En español www.FreeMedicine.com

0109

Your application cannot be processed without the correct fee enclosed. Total number of medications requested ☐ x $10 EACH = Amount due $_____

Due to research and nature of the customized product for prescription drugs, the processing and handling fee is non refundable.

Please apply if you*: Are Uninsured • Under-Insured • Participate in Medicare Part D • Take medicine not covered by insurance • Have high deductible co-pays • Have insurance but low income • Generally, if you earn less in a year than the levels shown below, you may qualify to get all or some of your prescriptions free • $41,600 for single people • $56,000 for couples • $84,800 for a family of four • Special circumstances may apply if you earn more

*Other requirements may apply, each drug has its own eligibility criteria

One PAP application can provide you with free medicine for an entire year.
Re-apply as often as needed to receive a lifetime supply of free medicine.