Dear WVRx Applicant:

Attached are your enrollment forms for WVRx.
Please do not forget to include the name, address, and phone number of each prescriber. We will inform your health care professionals about WVRx.

This is what we need you to do:

- Assemble proof of your entire household income (ANYONE LIVING UNDER YOUR ROOF) and enclose this information along with your WVRx registration eligibility form and checklist.
- We **MUST** have a 1040, 1040A tax return or 1099 for **EACH** household member over the age of 18. If you or your family members do not file income taxes, then we MUST have a filled out Form 4506-T which is available from the IRS or WVRx. If you do not file taxes, and are on social security, we must have a 1099 and your Benefits Statement for the current year.
- Send $30 by check or money order. If you are determined "not eligible" this fee will be completely refunded to you. If you cannot afford the $30, waivers are available on a case-by-case basis. Please tell us why in a detailed letter.
- WVRx will mail both you and your doctor(s) a letter of eligibility determination once we verify your information.
- Tell your doctor/prescriber that you use WVRx's Charitable Pharmacy to obtain your medication and take your approval letter with you to help him/her with the process.
- You may mail your prescriptions to us or your doctor may fax them to the WVRx pharmacy at: 1-304-414-2200.
- Once filled, your prescription(s) will then be mailed to you at no cost within 24 to 48 hours of receipt to all areas of West Virginia. WVRx is unable to mail prescriptions to P.O. Boxes.

  NOTE: If you only have a P.O. Box, we can mail your medication to an alternate address with the proper documentation. Please call us if you only have P.O. Box delivery at 304-414-5935.

- **The address to mail eligibility documents:**

  WVRx Patient Eligibility
  1520 Washington Street East
  Charleston, WV 25311

- The West Virginia Rx Pharmacist and Staff are available to answer any questions via a toll free number at 1-877-388-9879.
- Patients may reapply each year for WVRx services; patient eligibility is determined annually.
- **IMPORTANT: THE WVRx DRUG LIST DOES NOT COVER CONTROLLED DRUGS/NARCOTICS.**
- **IMPORTANT: WVRx DOES NOT FILL MEDICATIONS THAT ARE AVAILABLE AS GENERICS.**
- **IN ADDITION: PLEASE LOOK TO SEE IF YOUR MEDICATION IS ON THE WVRx LIST. If it is not, we are able to fill out individual patient assistance forms on your behalf.**

If you have any further questions, please call us at 304-414-5935 at 304-929-3230 or email us at wvrxinfo@wvrx.org . You may also visit our website at: www.wvrx.org.

Caring for West Virginia,
The WVRx Team

Revised Aug, 2009

WVRx Patient Checklist

MAIL TO: West Virginia Rx—Patient Eligibility
1520 Washington Street East
Charleston, WV 25311

NAME OF WVRx APPLICANT: _____

CHECK ALL THAT APPLY (WVRx MUST receive proof of identification with your application—Copy of your Driver's License, Passport, State Issued Identification, or other photo ID acceptable as proof by the State of West Virginia)

- ☐ 1. I HAVE NO PRESCRIPTION DRUG COVERAGE
- ☐ 2. I RECEIVE NO GOVERNMENT ASSISTANCE (MEDICAID, MEDICARE PART D, VETERANS BENEFITS, ETC.)
- ☐ 3. I AM A WEST VIRGINIA RESIDENT
- ☐ 4. I HAVE ENCLOSED THE ELIGIBILITY FORM AND HAVE SIGNED AND DATED IT.
- ☐ 5. I HAVE ENCLOSED A COPY OF MY DRIVERS LICENSE OR OTHER FORM OF PICTURE ID

PLEASE PLACE A CHECK MARK BESIDE THE TOTAL NUMBER OF PEOPLE WHO LIVE IN YOUR HOME

2009 USA/WVRx Income Guidelines			
	# People Living in Your House	200% of FPL Annually	Monthly Income
	1	$21,660/yr or less	$1,805.00 or less
	2	$29,140/yr or less	$2,428.33 or less
	3	$36,620/yr or less	$3,051.67 or less
	4	$44,100/yr or less	$3,675.00 or less
	5	$51,580/yr or less	$4,298.33 or less
	6	$59,060/yr or less	$4,921.67 or less
	7	$66,540/yr or less	$5,545.00 or less
	8	$74,020/yr or less	$6,168.33 or less
For families with more than 8 persons, add $7,480 for each additional person.			

I have enclosed the following proof of income- CHECK ALL THAT APPLY.

- ☐ **1. TAX RETURN ENCLOSED FOR CURRENT YEAR** (Fastest way to process your application)
- ☐ **2. 1099 SOCIAL SECURITY BENEFITS STATEMENT ENCLOSED FOR CURRENT YEAR**
- ☐ **3. 4506-T FORM** (Proof of Non-Filing or Authorization to furnish WVRx with Tax Return)

NOTE: If you do NOT file income taxes, we ***MUST*** have Form 4506-T (Proof of Non-Filing)
You may request this information and/or the form directly from the IRS.

NOTE: We MUST have Proof of Income for every member of your household over the age of 18.

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CHECK ALL THAT APPLY (Please send additional documents if they apply)

- ☐ 1. MEDICAID DENIAL LETTER
- ☐ 2. UNEMPLOYMENT DOCUMENTATION (Copy of Unemployment Letter, Layoff, Termination, etc.)
- ☐ 3. WORKER'S COMPENSATION LETTER OR LETTER/PROOF OF DETERMINATION (Worker's Comp will provide a "Verification of Benefits" statement to you)
- ☐ 4. **I HAVE ENCLOSED THE $30 ANNUAL PROCESSING FEE (CHECK OR MONEY ORDER)**

NOTE: If ineligible, your fee will be returned promptly. There is no fee for medication through WVRx.

WEST VIRGINIA RX - ENROLLMENT FORM

TODAY'S DATE:	DATE RECEIVED BY WVRx:

PATIENT INFORMATION

Patient's **LAST** Name:	**First**:	**Middle Init**	❑ Mr. ❑ Mrs. ❑ Ms. ❑Miss	Marital status (check one) ❑ Single ❑ Married ❑ Divorced ❑ Widowed ❑ Other
_____				

Gender:		Main Phone Number:	Alternate Phone Number or Cell Number:	Age:	DATE OF BIRTH:
❑Male	❑Female				/ /

Social Security Number:	EMAIL Address:	Ethnicity: ❑ Caucasian ❑ African American
_____-_____-_____	_____	❑ Asian ❑ Hispanic ❑ American Indian
Street/Shipping Address: **(IMPORTANT! WVRx CANNOT SHIP TO P.O. BOXES!)**		Household Status:
		❑ Homeless ❑ Own Home ❑Living with friend, ❑ Shelter ❑ Rent relative or parent

City:	State:	Zip Code:	Alternate Name & Phone Number for Contact Purposes (Friend/Relative)
	WV		

Employer Name, Address, City, State & Zip Code	Employer Phone:	**YOUR INSURANCE STATUS (Check ALL that apply)** ❑ Uninsured ❑ Medicaid ❑ Medicare ❑ Medicare Part D ❑ Other ❑ Health Insurance & Rx Coverage ❑ Health Insurance & NO Rx Coverage

How did you hear about West Virginia Rx?
❑ Television ❑ Radio ❑ The Internet ❑ My Doctor ❑ A Friend ❑ A Relative ❑ WV Governor's Office ❑ DHHR ❑ Other_____

YOUR DOCTOR'S INFORMATION

(If more than one Doctor, please attach additional page)

Your Primary Doctor's Name:	Phone Number:
Address:	

City:	State:	Zip Code

OTHER INFORMATION WVRx NEEDS:

Do you have any drug allergies? ❑ NO ❑ YES (If Yes, please list)

Have you ever applied to a drug company for free medicine before?
❑ NO ❑ YES(If Yes, what company?)

Have you been hospitalized in the past year? ❑ NO ❑ YES

# of times?_____ Hospital Name(s) _____

Have you been to an Emergency Room in the past year? ❑ NO ❑ YES

# of times? _____ Hospital Name (s)_____

INSURANCE STATUS & ANNUAL HOUSEHOLD INCOME INFORMATION

Household income means any person living at the address listed above

_____ **TOTAL NUMBER OF PEOPLE LIVING IN YOUR HOUSEHOLD?**

$_____ **TOTAL YEARLY INCOME FROM ALL HOUSEHOLD SOURCES This is ALL Income & Wages: total monthly pay, social security, pension, disability, retirement, worker's comp, unemployment, etc.)**

STATEMENT OF RELEASE & PATIENT SIGNATURE

I certify that the above information I have provided to WVRx for prescription assistance is true and accurate to the best of my knowledge and belief and that I have made no false or misleading statements.
I understand that WVRx may need to disclose personal and medical information necessary to determine eligibility for available drug manufacturer programs and to secure my prescribed medication. I agree to allow WVRx staff to communicate with both drug manufacturers and my health care providers regarding medication assistance.
I give permission to verify my participation in Social Security, Medicare, Medicaid or Veterans Administration, Private Insurance and/or anywhere I have reported that I receive income.
I agree to immediately notify WVRx of any changes to my uninsured status for prescription drugs, including but not limited to enrollment in Medicaid & Medicare programs, or if my financial situation changes.
I agree to allow pharmaceutical company auditors to review my information as needed for their program requirements.
I give permission to WVRx or its representatives to complete patient assistance program applications on my behalf in the event of my absence and for the purpose of expediting my prescription assistance. This consent is valid as long as I am an eligible and approved patient of WVRx or until I revoke my permission in writing.
By my signature, I authorize the release of medical information about me to WVRx staff for the purposes of eligibility and benefits associated with West Virginia Rx.

PATIENT SIGNATURE:_____ **DATE:**_____

WVRx Frequently Asked Questions

Have a question about enrollment? Check this list to find a quick solution. If you still need further assistance, feel free to call WVRx Toll Free at 877-388-9879.

"*Can I attach my prescriptions with the enrollment form*?"- YES→If you are approved, we can fill this prescription right away as long as it's listed on our formulary(*Medications list*). If you need patient assistance direct from the pharmaceutical company, WVRx will complete these forms for you and send them directly to your prescriber. These can take up to 3 weeks to obtain.

"*My medications are not listed on the medicine list attached to the enrollment packet. How do I get these medications?"* – Just because a drug is not listed on our medication list does not mean we cannot get it for you. The drugs listed are what we have immediate access to in our charitable central fill pharmacy. Any drugs you may need that are not listed are obtained through what are called "Patient Assistant Programs (PAP's)". If you are enrolled in WVRx then we can set up these PAP's for you.

***"How do I know what medications I need if they are not on the list?"*-** Include with the enrollment packet a list of all the medications you need. Follow up with a separate prescription for each of these medications. It should be written for a year, in 90-day supplies (if indicated by your doctor).

"What about generics?"- WVRx does not handle ANY generics. If you send us a prescription for a generic, we will return it. We only have the ability to obtain and fill BRAND NAME medications. Please make sure your prescriber knows this when writing the prescription. We are happy to fax the formulary(Medications List) to your prescriber.

"*How long will it take before I am enrolled?"-* The faster you get us all the information we request, the faster we will be able to inform you on whether or not you are eligible for the program. If you do not include the enrollment form, checklist, Proof of Income, and Fee, your application will be delayed as we request additional information from you. If we receive everything, eligibility can be as fast as 3 business days.

"*I did not file taxes. I don't have a 1099. Can I still enroll?"-*Yes, that's not a problem. Instead of sending in a 1099, send in a signed **4506T** form. You can get this form on the WVRx website, at your local library, request it from WVRx or find it on the Internet at www.irs.gov.

"*What is the cost to participate in WVRx?"* Enrollment is $30.00 per year. Eligibility does not begin until your first prescription is filled. The $30.00 fee helps WVRx with postage. There is no cost for the medications obtained for you. WVRx is designed to be barrier free. If you cannot afford to pay, we request a written letter describing your situation. Waivers are granted on a case-by-case basis.

"*Where can I get more information about WVRx?"-* For information about WVRx, visit www.wvrx.org or call or toll free number at 877-388-WVRX(9879).