

To Nos

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

0

ACTION REFERRAL

TO <i>Jacobs</i>	DATE <i>9-19-07</i>
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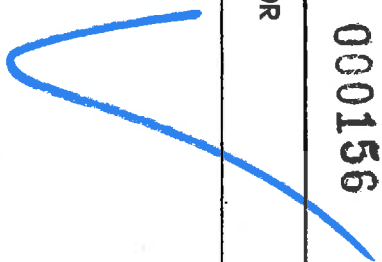
DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000156</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>9-28-07</i>	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 10/2/07, letter attached.</i>	<input type="checkbox"/> Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>[Signature]</i>	<i>9/24/07</i>		
2. <i>[Signature]</i>	<i>9/24/07</i>		
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

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1.			
2.			
3.			
4.			

FAX COVER SHEET



RECEIVED

SEP 18 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

S. C. SENATE
FAX # (803) 212-6011

Lois Jacobs
App. Ngin

DATE: September 18, 2007
TO: Brian Kost
FROM: Debbie Barthe for Senator Hawkins
FAX NUMBER: 255-8235
PAGES 2 (Including this page)

MESSAGE:
Brian,

Following is an e-mail that Senator Hawkins received today. Could you check on this family for us and see if there is anything that can be done?

IF YOU DO NOT RECEIVE ALL OF THE SHEETS INDICATED,

PLEASE CALL (803) 212-6008.

RECEIVED

SEP 18 2007

Department of Health & Human Services
OFFICE OF THE DIRECTORJohn D. Hawkins
P.O. Box 5048
Spartanburg, SC 29304

September 18, 2007

Dear Sir,

I am writing you to request your help for my son who is trying to receive temporary medicade assistance. He has also applied for temporary disability through Social Security. My son, Jason Andrew Mercer, is 23 years old and until December 2006 he was insured through my work insurance. Jason had a relapse of ulcerative colitis in December, was too sick to get back into USC Upstate and therefore lost his insurance through me. He must be a full time student for my insurance to cover him. He was admitted to Mary Black Memorial Hospital with a life threatening condition and has accumulated around \$40,000.00 in medical bills.

Jason started to get better but around Mothers Day he got the flu, and since he has almost no immune system he became very sick again. He has applied for medicade assistance and was turned down. We were told in the beginning that this was a standard procedure and to reapply as soon as possible. We are in that process now. We have to wonder why someone that is so sick, with no job or income, and only has somewhere to live because of his parents, can be turned down. His Doctor, Dr. Albert Rodalei, agrees and has given much support.

On this day, September 18, 2007, I have just learned that Jason has been turned down a second time. Again I cannot understand how someone that has been so sick cannot be helped. We have never asked for any assistance from anyone before and feel you are our last resort.

Thanking you in advance,

Walter H. Mercer Jr.

635 Nazareth Church Road
Moore, SC 29369
864-574-7761Jason Mercer
635 Nazareth Church Road
864-4415-7306



State of South Carolina
Department of Health and Human Services

Log 0154
✓

Mark Sanford
Governor

Emma Fortner
Director

Mr. Jason Mercer
635 Nazareth Church Road
Moore, South Carolina 29369

October 2, 2007

Dear Mr. Mercer:

At the request of your father, Mr. Walter H. Mercer Jr., Senator John D. Hawkins asked our agency to assist with your questions and concerns regarding healthcare assistance.

According to our records, you have applied for assistance under the Social Security Administration's (SSA) disability program and medical coverage under Medicaid's Aged, Blind or Disabled (ABD) program. Medicaid uses the same disability rules as SSA to determine eligibility for its ABD program. Unfortunately, you were denied ABD on June 27, 2007 because we are required to adopt SSA's disability decision. If you would like to appeal the SSA denial, please contact the Greenville SSA Office of Adjudication and Review at (864) 467-1690.

For help paying your hospital bills, you may want to apply for the Medically Indigent Assistance Program (MIAP). This program provides inpatient hospital care for individuals who lack financial resources or insurance to pay for their care and whose income is below 200% of the Federal Poverty Level. Please call Ms. Ruth Bentley at (864) 560-7926.

We have enclosed information on other programs and organizations that assist residents in South Carolina with healthcare services and prescription medications. If you have additional questions about the Medicaid program, please contact Sheila Chavis at (803) 898-2707 or (toll free) 1-888-549-0820, Ext. 2707.

Sincerely,
Alicia Jacobs
Alicia Jacobs
Interim Deputy Director

AJ/codc
Enclosures

MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)

Effective July 1, 1989, the Medically indigent Assistance Program is authorized to sponsor inpatient hospital care. Individuals who are eligible for Medicaid or other government assistance are not eligible for assistance through the MIAP.

Services

The Medically Indigent Assistance Program covers inpatient hospital services only.

Eligibility

Applicants must meet the following criteria:

- A. State residence (intent to live in South Carolina; migrants are considered state Residents unless they maintain a domicile in another state);
- B. U.S. citizen or legally admitted alien for permanent residence;
- C. Institutional status (covers county inmates awaiting trial, but not inmates or residents of other governmental institutions);
- D. Gross family income cannot exceed 200% of federal poverty guidelines;
- E. Resource limits:
 - 1. Primary Residence
 - a. A family farm of 50 acres or less on which the applicant or his family has resided for at least 25 years is totally excluded from resources; and
 - b. All other \$35,000 limit on equity value.
 - 2. Equity interest in all other real property and taxable personal property (such as motor vehicles), cannot exceed a combined total value of \$6,000.
 - 3. Liquid assets (assets in cash or payable in cash on demand including financial instruments convertible into cash within twenty workdays).
 - a. Cannot exceed \$500; and
 - b. An applicant with excess liquid assets may establish eligibility by spending the family's excess liquid assets on valid debts of the family such as rent/mortgage, utilities and medical expenses.



South Carolina Department of Health and Human Services

REQUIRED DOCUMENTATION TO ACCOMPANY YOUR APPLICATION FOR THE MEDICALLY INDIGENT ASSISTANCE PROGRAM (MIAP)

FM 207 (English)

By providing as much information as possible when you apply, your application may be able to be processed in a shorter time period. Listed below is a checklist of required documentation that needs to accompany the Medically Indigent Assistance Program (MIAP) application. **The MIAP is not a Medicaid program; however, it is managed by the State Department of Health and Human Services.**

If you are not sure what you need to provide, please call the hospital where you were a patient and speak with someone in the Social Services Department. Staff in this department will be able to put you in touch with your county MIAP representative. You will need to submit your completed and signed application to the MIAP representative to apply for assistance with inpatient hospitalization costs.

The following information is needed for the applicant.

1. Proof of Gross Income Received by Family Members

- ☐ Copies of pay stubs for the **last 4 weeks** or a letter from your employer that shows your last 4 weeks of GROSS pay.
- ☐ A copy of the letter you received telling you the gross amount of any benefits received through Social Security, Unemployment, Veterans' Administration, Workers' Compensation, etc.
- ☐ Proof of all other income for the last 4 weeks, including child support.
- ☐ If self-employed, attach a copy of your most recent federal income tax form including all schedules.
- ☐ Proof of all Resources.

2. All Medical Insurance Cards

3. Proof of Child Care or Adult Day Care Expenses

- ☐ Statement from day care or receipt

4. Proof of Any Assets You List on the Application

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
APPLICATION FOR THE MEDICALLY INDIGENT ASSISTANCE PROGRAM**

I. APPLICANT - IDENTIFYING INFORMATION

☐ Non-emergency

Admission Date _____

Hospital

Applicant Name

Social Security No.

Race

Race

Sex

Marital Status

Work

Work

County of Residence _____

Mailing Address

Address where you live (if different)

How long at this address?

If less than 6 months, give previous address, including county

Is applicant a minor who does not live in the home of his parent(s)? ☐ Yes ☐ No

If yes, give parent(s) name, address, and county of residence

Is the applicant a citizen or permanent resident alien? ☐ Yes ☐ No

II. THIRD PARTY INFORMATION ON APPLICANT

1. Do you have any other health insurance? ☐ Yes ☐ No

If yes, give name of company and number for each policy

2. Is illness due to an accident? ☐ Yes ☐ No If yes, what type?

Date of accident

Is claim pending? ☐ Yes ☐ No

If work-related, give name and address of employer at time of accident

3. Are you covered by Medicare? ☐ Yes ☐ No If yes, give Medicare claim number

4. Are you pregnant or were you pregnant at admission? ☐ Yes ☐ No

5. Do you receive or have you applied for Medicaid? ☐ Yes ☐ No Date Applied

If receiving, give Medicaid number

Name of Medicaid worker (if known)

6. Have you applied for hospital services through another government program? ☐ Yes ☐ No

If yes, check all blocks that apply. ☐ Veterans Administration ☐ DHEC

☐ Commission for the Blind ☐ Other (specify) _____ Date Applied _____

III. MEMBERS OF THE APPLICANT'S FAMILY

[illegible]

IV. INCOME

1. Do you or other family members have income? ☐ Yes ☐ No (Income includes wages or salary before deductions, net receipts from self-employment, regular public assistance payments such as Family Independence or SSI, Social Security, Veterans benefits, pension or other retirement income, unemployment compensation, workmen's compensation, child support or alimony, interest income, etc.)

Name of Family Member	Gross Income	Frequency	Name and Address of Source

2. If not working now, when was your last day of employment? _____
Name and address of employer: _____
3. Have you or anyone in your family received a lump sum payment in the past four (4) weeks (income tax refund, insurance settlement, etc.)? ☐ Yes ☐ No
If yes, amount received _____ From whom? _____

V. RESOURCES

1. Do you or other family members own real property (home, land, buildings, life estates, mobile homes, etc.)? ☐ Yes ☐ No If yes, give the following information:

Type	Owner(s) (If jointly owned, list all owners.)	Location	Amount Owed, if any

2. Do you or other family members own taxable personal property (cars, trucks, boats, vans, mobile homes (other than home), motorcycles, or other kind of vehicle)? ☐ Yes ☐ No If yes, give the following information:

Type	Registered Owner(s)	Year, Make, and Model	Amount Owed, if any

3. Do you or other family members own liquid assets (cash on hand, checking accounts, savings accounts, U.S. Savings Bonds, stocks, trust funds, certificates of deposit, face value of life insurance, individual retirement accounts, etc.)? ☐ Yes ☐ No If yes, give the following information:

Type	Owner(s) (If jointly owned, list all owners.)	Location	Account Number	Amount/Value

VI. TRANSFER OF RESOURCES

Have you or other family members sold or given as a gift any resources in the past three (3) months?

☐ Yes ☐ No If yes, give the following information:

Type	Owner(s) (If jointly owned, list all owners.)	Location	Account Number	Amount/Value

VII. STATEMENT OF UNDERSTANDING

I understand that my case record is confidential and no information will be released from it unless properly authorized by me or as provided for under the Medically Indigent Assistance Act.

I understand that if I believe an error has been made by the MIAP county designee in processing my MIAP Application, I may request a reconsideration. This request must be made in writing, within 30 days from the date of the decision notice, to the person designated by the county's chief administrative officer to make reconsideration decisions. I understand that if I believe an error has been made in the reconsideration decision, I may request a fair hearing by the Department of Health and Human Services (DHHS) by sending my written request with a copy of the reconsideration notice to: Division of Appeals, DHHS, Post Office Box 8206, Columbia, South Carolina 29202-8206.

I certify that I have read or had read to me all the statements on this form and that the information given is true and complete to the best of my knowledge. I understand that if I have deliberately given any false information or have withheld any information regarding my situation, I am liable for prosecution for fraud. By my signature, I authorize the release of any information needed to determine my eligibility for the Medically Indigent Assistance Program, and I authorize the MIAP county designee to provide a copy of this application to a Medicaid eligibility worker.

Applicant's Signature:		Date:	
Signature of Responsible Person or Authorized Representative:		Title/Relationship:	
Address:		Date:	
Witness (signature by a mark "X" requires two witnesses):	Witness:	Date:	Date:
County Designee Signature:		Date:	

VIII. CASE NOTES

WORKSHEET

The eligibility factors identified below must be met before an applicant can be certified for assistance through the MIAP. Please indicate if each factor is met and how it was verified.

1. Is applicant a state resident? ☐ Not questionable ☐ Questionable
If questionable, how verified? _____

2. Is applicant a citizen or a permanent resident alien? ☐ Not questionable ☐ Questionable
If questionable, how verified? _____

3. Number of Family Members
Explain who was included/excluded in the family composition and why.

Family Income – Whose income was included in the calculation?

How was it verified and calculated?

TOTAL GROSS ANNUAL INCOME

4. Family Resources

A. Home Property (Identify the asset, to whom it belongs, and the equity value.)

Method and date of verification

MIAP Limit
\$35,000.00

TOTAL VALUE OF HOME PROPERTY

B. Non-home real property and taxable personal property (Identify the asset, to whom it belongs, and the equity value.)

Method and date of verification

MIAP Limit
\$6,000.00

TOTAL VALUE OF NON-HOME REAL AND TAXABLE PERSONAL PROPERTY

C. Liquid Assets (Identify the asset, to whom it belongs, and the value.)

Method and date of verification

TOTAL VALUE OF LIQUID ASSETS

MIAP Limit
\$500.00

Does the value of the applicant's liquid assets (4C) exceed the MIAP limit? ☐ Yes ☐ No
If yes, by how much? \$ _____

Did the applicant spend the excess on valid debts of the family that were incurred within thirty (30) days of the hospitalization? ☐ Yes ☐ No If yes, how verified? _____

Free Medical Clinics in South Carolina

Free medical clinics in South Carolina provide indigent residents with basic medical care, including prescription medicines, wellness education and, in some cases, dental or chiropractic care and psychological counseling. The clinics are as diverse as the communities that support them. One operates in a homeless shelter, another operates within a university school of nursing, and several are closely associated with congregations or multi-denominational religious organizations, or community hospitals. Please contact the nearest facility by telephone and make an advance appointment prior to visiting any clinic.

<u>Name of Clinic</u>	<u>Address</u>	<u>Telephone No.</u>
Free Medical Clinic of Aiken Cty.	PO Box 1294, Aiken 29802	803-641-2827
Anderson Free Clinic	PO Box 728, Anderson 29622	864-226-1294
Kershaw County Medical Clinic	110 E. Dekalb St., Camden 29020	803-713-0806
Crisis Ministries Health Clinic	573 Meeting St., Charleston 29403	843-723-9477
Good Samaritan Medical Center	962 McCandless Rd., Chester 29706	803-385-6332
Clemson Free Clinic	PO Box 941, Clemson 29633	864-723-6077
Good Shepherd/ Laurens Cty. Free Medical Clinic	PO Box 1535, Clinton 29325	864-833-0017
Free Medical Clinic, Inc.	PO Box 1452, Columbia 29240	803-765-1503
Friendship Medical Clinic	1396 Highway 544, Conway 29526	843-347-7178
Darlington Cty. Free Medical Clinic	203 Grove St., Darlington 29532	843-398-0060
Mercy Medicine Clinic	514-E S. Dargan St., Florence 29506	843-667-9947
Greenville Free Medical Clinic	PO Box 8993, Greenville 29604	864-232-1470
Greenwood Free Clinic	1404 Edgefield St., Greenwood 29646	864-942-0500
Volunteers in Medicine Clinic	15 Northridge Dr., Hilton Head 29926	843-681-6612
Barrier Islands Free Clinic	Church of Our Saviour, Johns Island	843-768-2444
Helping Hands Free Medical Clinic	518 S. Main St., Mullins 29574	843-464-8211
Newberry County Free Clinic	2568 Kinard St., Newberry 29108	803-276-6665
First Baptist Medical Clinic & St. Matthew Dental Clinic	4217 Rivers Ave., N Charleston 29406	843-744-4269
Harvest Free Medical Clinic	2427 Midland Park Rd., N Charleston 29406	843-225-7572
Smith Medical Clinic at Baskerville	PO Box 1740, Pawleys Island 29585	843-237-2672
Pickens Cty. Free Medical Clinic	PO Box 1452, Pickens 29671	864-855-0853
Rosa Clark Medical Center	210 S. Oak St., Seneca 29678	864-882-4664
St. Luke's Free Medical Clinic	PO Box 3466, Spartanburg 29304	864-542-2273
Woodruff Free Medical Clinic	340 Woodruff St., Woodruff 29388	864-476-8191

South Carolina Community Health Centers

First established in 1964, Community Health Centers are community-based, non-profit organizations that provide comprehensive, high-quality, patient-focused health care services in a culturally appropriate manner. With a focus on primary care, prevention, education and case management, health centers accept most health insurance plans including Medicare and Medicaid. For those patients without insurance, services are provided on a sliding fee scale based on the patient's income. Community Health Centers receive federal grants through the United States Department of Health and Human Services' Bureau of Primary Health Care to partially support the cost of providing health care to the nation's growing uninsured population.

Community Health Centers offer core health care services, either directly or through cooperative arrangements, to include:

- Preventive and primary care
- Diagnostic services (lab and x-ray)
- Family planning
- Prenatal and perinatal care
- Well child care and immunizations
- Screening for elevated blood lead levels, communicable diseases, and cholesterol
- Eye, ear and dental screening for children
- Preventive dental services
- Emergency medical and dental services
- Hospitalization
- Pharmacy services

In addition, Community Health Centers provide services to help ensure access to care and continuity of care. These services include: outreach, transportation, communication assistance (interpreters), case management and social services. Some Community Health Centers may offer additional services such as mental and behavioral counseling and specialty care.

Community Health Centers are governed by a community and consumer based Board of Directors and the location, hours of operation, staff and programs of each health center are tailored to meet the specific needs of the community in which it is located. All Community Health Centers must adhere to national, state and local licensure requirements and quality standards. Community Health Centers are held accountable by the Bureau of Primary Health Care for specific program expectations. As a result, a health center's standard of quality is among the highest in the health care industry.

Community Health Centers are models of community-based care. They represent partnerships of people, governments and communities working together to improve the health status of their respective communities.

(List of South Carolina Community Health Centers on Reverse Side)

Publix Pharmacies Launch Free Prescription Drug Program

Aug. 6, 2007 — Beginning today, Publix Super Markets is offering a free prescription drug program at its 684 Publix Pharmacies for the following oral antibiotics:

- Amoxicillin
- Cephalexin
- Sulfamethoxazole/Trimethoprim (SMZ-TMP)
- Ciprofloxacin (excluding ciprofloxacin XR)
- Penicillin VK
- Ampicillin
- Erythromycin (excluding Ery-Tab)

These antibiotics account for almost 50 percent of the generic, pediatric prescriptions filled at Publix. New or current customers simply need to provide their Publix pharmacist with their prescription, up to a 14-day supply, and it will be filled at no charge. Publix is not limiting the number of prescriptions customers may fill for free.

Dwaine Stevens, Publix media and community relations manager said, "With health care and prescription costs on the rise, our free prescription drug program will reinforce our commitment to the total health and wellness of our customers and their families."

The free antibiotics are offered to customers regardless of their prescription insurance provider.

(A listing of Publix stores in South Carolina with pharmacies is provided.

For more information, please visit their Web site at: www.publix.com.)

<u>Greenville</u> Publix at Woodruff (Store #00530) 1750 Woodruff Rd., Greenville, SC 29607-5933 Main: (864) 987-7080; Fax: (864) 987-7089 Pharmacy: (864) 987-7086	<u>Greenville</u> McAlister Square (Store #00602) 235 S Pleasantburg Dr., Greenville, SC 29607 Main: (864) 250-4700; Fax: (864) 250-4706 Pharmacy: (864) 250-4709
<u>Greenville</u> Pelham Commons (Store #00874) 215 Pelham Rd., Greenville, SC 29615-2546 Main: (864) 370-8210; Fax: (864) 370-8221 Pharmacy: (864) 370-8215	<u>Greer</u> Publix at Thornblade (Store #00531) 411 The Pkwy., Greer, SC 29650-4522 Main: (864) 848-7820; Fax: (864) 848-0880 Pharmacy: (864) 848-7826
<u>Hilton Head Island</u> Festival Centre at Indigo Park (Store #00473) 45 Pembroke Drive Hilton Head Island, SC 29926-2262 Main: (843) 689-9977; Fax: (843) 689-9674 Pharmacy: (843) 689-2276	<u>Irmo</u> Kennerly Crossing (Store #00017) 7320 Broad River Rd., Irmo, SC 29063-9656 Main: (803) 407-0127; Fax: (803) 407-0688 Pharmacy: (803) 407-0436
<u>Lexington</u> Lexington Place (Store #00512) 100 Old Cherokee Rd., Lexington, SC 29072 Main: (803) 951-3999; Fax: (803) 951-2067 Pharmacy: (803) 951-1727	<u>Mauldin</u> Mauldin Square (Store #01012) 111 W Butler Rd., Mauldin, SC 29662-2534 Main: (864) 987-1601; Fax: (864) 987-0849 Pharmacy: (864) 987-1607
<u>Mount Pleasant</u> Queensborough Shopping Center (Store #00449) 1000 Johnnie Dodds Blvd., Suite 106 Mount Pleasant, SC 29464-3187 Main: (843) 856-3000; Fax: (843) 856-3010 Pharmacy: (843) 856-3007	<u>Mount Pleasant</u> Publix at North Point (Store #01055) 1435 Ben Sawyer Blvd. Mount Pleasant, SC 29464-4592 Main: (843) 856-3018; Fax: (843) 856-3256 Pharmacy: (843) 856-3187
<u>Mount Pleasant</u> The Shoppes of Park West (Store #01081) 1125 Park West Blvd. Mount Pleasant, SC 29466-6974 Main: (843) 388-2263; Fax: (843) 388-6709 Pharmacy: (843) 388-2908	<u>North Augusta</u> North Augusta Plaza (Store #00486) 334 E Martintown Road North Augusta, SC 29841-4261 Main: (803) 441-3900; Fax: (803) 441-3909 Pharmacy: (803) 441-3906
<u>North Charleston</u> Palmetto Pavilion (Store #00824) 8409 Dorchester Road, Suite 104 North Charleston, SC 29420-7324 Main: (843) 767-5970; Fax: (843) 767-4624 Pharmacy: (843) 767-5975	<u>Simpsonville</u> Fairview Market (Store #00613) 655 Fairview Road, Suite C Simpsonville, SC 29680-6777 Main: (864) 228-2889 Pharmacy: (864) 962-0251

Prescription Assistance Programs Available for South Carolinians

There are several specialized programs sponsored by pharmaceutical companies, business associations or non-profit organizations to assist low-income or needy individuals in obtaining necessary prescription medicines at little or a substantially reduced cost. The following is a list of some of these programs and contact information for those who may want to apply for assistance:

Together RX Access

1-800-444-4106

www.TogetherRxAccess.com

Savings of 25-40% on some 275 brand-name prescriptions. Must meet specific income levels, have no private or public prescription insurance coverage, be a legal US resident and not be eligible for Medicare.

Partnership for Prescription Assistance

1-888-477-2669

www.pparx.com

Combined efforts of major pharmaceutical companies, doctors, health care providers, patient groups and community organizations to assist qualified patients without access to prescription medications obtain them at little or no cost. Recipients must lack any form of prescription insurance coverage and must meet specific income and other eligibility requirements of some 150 drug assistance programs nationwide.

Pfizer Helpful Answers

1-866-706-2400

www.pfizerhelpfulanswers.com

Pharmaceutical company program offering several options for free or reduced cost prescriptions of their products through doctors and community health centers for low-income patients. Must meet set income limits and have no private or public prescription coverage.



live better index

Wal-Mart's \$4 Prescription Drug Program Saves Customers More than \$610 Million

One year after the launch of its innovative \$4 prescription program, Wal-Mart estimates that the program has saved pharmacy customers more than \$610 million (\$613,581,398.70 as of September 24, 2007). The low-cost offering, which was launched in September 2006, was the company's first step in bringing affordable medicines to America's working families.

The program will be expanded in two key ways:

- **More medicines covering more categories** – Important prescription drugs have been added to the \$4 program covering glaucoma, Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD), fungal infections and acne. Fertility and prescription birth control will also be included at \$9, compared to national average prices ranging from \$24 to \$30 per month and saving women an estimated \$15 to \$21 per month – \$180 to \$250 annually.
- **Faster savings on new-to-market generics** – One month ago, the antifungal medicine Lamisil® had an average price of \$337.26. The generic medicine, terbinafine, is now available through Wal-Mart, Sam's Club and Neighborhood Market pharmacies for just \$4 for a commonly dispensed quantity up to a 30-day supply, saving customers \$333.26 per month and approximately \$3999 per year. Carvedilol, the generic for Coreg®, which a month ago cost \$119, will now cost \$4 for a commonly dispensed quantity up to a 30-day supply, saving customers \$115 per month and approximately \$1,300 per year.

Wal-Mart is adding 24 new \$4 generic medications to the program; and three \$9 prescriptions. These medicines are available at commonly dispensed quantities up to a 30-day supply.

Once again, Wal-Mart is applying its basic business model to drive down costs and bring solutions to the healthcare system.

Key Components of the \$4 Program:

- Since the launch of Wal-Mart's \$4 prescription program in September 2006, we estimate that we've saved Wal-Mart, Sam's Club and Neighborhood Market pharmacy customers more than \$610 million dollars (\$613,581,398.70 as of September 24, 2007). These prescriptions represent approximately 40 percent of prescriptions filled in Wal-Mart, Sam's Club and Neighborhood Market pharmacies.
- The addition of new medicines will continue to drive down healthcare costs. Through the program, the company has provided customers in 16 states alone with savings of more than \$396 million combined or more than \$15 million per state. A state-by-state breakdown is available at <http://www.livebetterindex.com>.
- States with high levels of savings include: Texas (\$79,471,091); Florida (\$43,969,981); North Carolina (\$28,470,880); Georgia (\$24,924,421); Missouri (\$24,589,118); Ohio (\$23,048,247); Illinois (\$22,614,573); Indiana (\$20,524,690); Arkansas (\$20,052,541); Oklahoma (\$18,804,293); Tennessee, (\$18,318,774); Louisiana (\$18,137,638); Pennsylvania (\$18,025,112); Kentucky (\$17,198,579); Virginia (\$16,148,952); and California (\$15,355,893).

WAL★MART



livebetterindex

- A report from the Robert Wood Johnson Foundation found that uninsured adults with chronic health problems face substantial problems and challenges accessing the health care they need. The \$4 program helps address this gap in care and provides access to prescription drugs that will help improve their health.
- The low-cost prescription drug program is especially important to Medicare beneficiaries – seniors and the disabled – by giving them a lower-cost option if they reach the “doughnut hole” in their Medicare Part D coverage. Medicare beneficiaries have to pay 100 percent of their costs in that coverage gap, which occurs after their annual drug spending hits \$2,400 and continues until total expenses hit \$5,421.25
- According to the Kaiser Family Foundation, American pharmacies filled more than 3 billion prescriptions in 2006 at a retail cost of more than \$192 billion. Generic drugs contain the same active ingredients as their “brand-name” counterparts and are equally effective, but cost significantly less. Generic medicines account for 63 percent of all prescriptions dispensed in the United States, according to the Generic Pharmaceutical Association.

What Others Are Saying:

- “Wal-Mart’s \$4 prescription drug program is already having a major impact at a time when rising healthcare costs are on everyone’s mind,” said Paul A. London, former Deputy Under Secretary of Commerce for Economics and Statistics in the Clinton Administration and author of The Competition Solution: The Bipartisan Secret behind American Prosperity. “This program has the potential to lower what the country pays for prescription drugs by tens of billions of dollars annually as customers learn of the program and as competitors match it. Wal-Mart is using its buying power and sales volume as it has in other areas to lower prices from drug makers, making affordable healthcare available to more Americans.” (9/27/07)
- “Annual inflation in drug costs is at the lowest rate in the three decades since the Labor Department began using its current method of tracking prescription prices... Economists say the slowdown has come about because more people are turning to generics and because generic versions of some of the most common drugs have recently come on the market... Another factor could be the so-called Wal-Mart effect. Last fall, Wal-Mart began offering many generic prescriptions at \$4 a month.... Other retailers have followed with their variations. (The New York Times, 9/21/07)
- “One customer who was drawn to Wal-Mart by the generic promotion is Bernadine Peterson, a nurse who lives in Westbury, N.Y. Ms. Peterson said she started using the Wal-Mart pharmacy four or five months ago because of the \$4 generics. As a result, she said, she was saving \$100 a month, reducing her monthly prescription bill to \$200.” (The New York Times, 9/21/07)
- “The \$4 prescription plan Wal-Mart has started is a major help. No matter what the reader may think of Wal-Mart... I think it has helped the Free Clinic patients more than any single organization,” said volunteer doctor Jud Kilgore in a guest column about the Ithaca Free Clinic. (Ithaca Journal (NY), 8/2/07)
- “Wal-Mart, Target, Kmart and other pharmacies are attempting to deliver some relief. Last fall, Wal-Mart launched a discount prescription program for more than 300 medications, and the other retailers followed suit... Making medicine affordable is critical to most families. It can mean the difference between living healthy lives and



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ALLERGIES / COLD & FLU

BENZONATATE 100MG QTY 14
CERON DM SYRUP QTY120ML
CERON DROPS QTY30ML*
DEC-CHLORPHEN DROPS QTY 30ML*
DEC-CHLORPHEN DM SYRUP QTY 118ML*
LORATADINE 10MG QTY 30
PROMETHAZINE DM SYRUP QTY 120ML
TRIVENT DPC SYRUP QTY120ML*

TETRACYCLINE 250MG QTY 60
TETRACYCLINE 500MG QTY 60

ARTHRITIS / PAIN

ALLOPURINOL 100MG QTY 30
ALLOPURINOL 300MG QTY30
BACLOFEN 10MG QTY 30
COLCHICINE 0.6MG QTY30
CYCLOBENZAPRINE 5MG QTY 30
CYCLOBENZAPRINE 10MG QTY 30
DEXAMETHASONE 0.5MG QTY30
DEXAMETHASONE 0.75MG QTY12
DEXAMETHASONE 4MG QTY6*
DICLOFENAC 75MG DR QTY 60
IBUPROFEN 100/5ML SUSPENSION QTY 120ML*
IBUPROFEN 400MG QTY 90
IBUPROFEN 600MG QTY 60
IBUPROFEN 800MG QTY30
INDOMETHACIN 25MG QTY 60*
MELOXICAM 7.5 MG QTY 30
MELOXICAM 15MG QTY 30
NAPROXEN 375MG QTY 60*
NAPROXEN 500MG QTY 60*
PIROXICAM 20MG QTY30
SALSALATE 500MG QTY 60

ANTIBIOTIC TREATMENTS

AMOXICILLIN 125/5ML SUSPENSION QTY 80ML
AMOXICILLIN 125/5ML SUSPENSION QTY 100ML
AMOXICILLIN 125/5ML SUSPENSION QTY 150ML
AMOXICILLIN 200/5ML SUSPENSION QTY 50 ML
AMOXICILLIN 200/5ML SUSPENSION QTY 75ML*
AMOXICILLIN 200/5ML SUSPENSION QTY 100ML*
AMOXICILLIN 250/5ML SUSPENSION QTY 80ML
AMOXICILLIN 250/5ML SUSPENSION QTY 100ML
AMOXICILLIN 250/5ML SUSPENSION QTY 150ML
AMOXICILLIN 400/5ML SUSPENSION QTY 50ML
AMOXICILLIN 400/5ML SUSPENSION QTY 75ML*
AMOXICILLIN 400/5ML SUSPENSION QTY 100ML*
AMOXICILLIN 250MG QTY 30
AMOXICILLIN 500MG QTY 30
AMOXIL 50MG/ML DROPS QTY 30ML*

ASTHMA

ALBUTEROL 2MG QTY 90
ALBUTEROL 4MG QTY 60
ALBUTEROL SYRUP QTY 120ML
ALBUTEROL 0.5% NEB SOLUTION QTY 20ML
ALBUTEROL .083% NEB SOLUTION QTY 75*

~~Albuterol~~ IPRATROPIUM NEB SOLUTION QTY 75*

CHOLESTEROL

LOVASTATIN 10MG QTY30*
LOVASTATIN 20MG QTY 30*
PRAVASTATIN 10MG QTY30
PRAVASTATIN 20MG QTY30
PRAVASTATIN 40MG QTY 30*

SMZ/TMP DS 800/160 QTY 20
SMZ/TMP 200/40 SUSPENSION QTY 120ML

Prescriptions marked with an asterisk () are priced higher than \$4 in CO, CA, HI, IL, IN, MI, NY, PA, TN, WI and WY due to state laws. Customers in these states should see their Wal-Mart or Sam's Club pharmacist for price details.

*S4 prescriptions are for up to a 30-day supply of a covered drug at a conveniently prescribed dosage for \$4 per prescription fill or refill. Your participation in certain prescription drug coverage plans may entitle you to pay even less than \$4 for certain prescriptions. If you are eligible, you will be charged the lowest applicable amount. Program not available in North Dakota. You can get these prescription drug savings whether or not you have any prescription drug coverage through your company, under Medicare or any other plan. The list of covered drugs is subject to change. Not all prescription drugs are covered by this program. Only prescriptions initially filled in person at a participating pharmacy are eligible for the \$4 rate; refills must also be picked up in-store. Full list may be ordered in person, online or by phone. This program is not available for prescriptions filled by mail order. See your Wal-Mart pharmacist for more information.



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CAPTOPRIL 25MG	QTY 60	LISINOPRIL 2.5MG	QTY 30
CAPTOPRIL 50MG	QTY 60	LISINOPRIL 5MG	QTY 30
CAPTOPRIL 100MG	QTY 60	LISINOPRIL 10MG	QTY 30
NEW CARVEDILOL 3.125MG	QTY 60	LISINOPRIL 20MG	QTY 30
NEW CARVEDILOL 6.25MG	QTY 60	METHYLDOPA 250MG	QTY 60*
NEW CARVEDILOL 12.5MG	QTY 60	METHYLDOPA 500MG	QTY 30*
NEW CARVEDILOL 25MG	QTY 60*	METOPROLOL TARTRATE 25MG	QTY 60
CHLORTHALIDONE 25MG	QTY 30	METOPROLOL TARTRATE 50MG	QTY 60
CHLORTHALIDONE 50MG	QTY 30	METOPROLOL TARTRATE 100MG	QTY 60*
CLONIDINE 0.1MG	QTY 30	NADOLOL 20MG	QTY 30
CLONIDINE 0.2MG	QTY 30	NADOLOL 40MG	QTY 30
DIGITEK 0.125MG	QTY 30	NEW NITROGLYCERIN 0.3MG SUBLINGUAL	QTY 100*
DIGITEK 0.25MG	QTY 30	NEW NITROGLYCERIN 0.4MG SUBLINGUAL	QTY 100*
DILTIAZEM 30MG	QTY 60	PINDOLOL 5MG	QTY 30
DILTIAZEM 60MG	QTY 60	PINDOLOL 10MG	QTY 30
DILTIAZEM 90MG	QTY 60*	PRAZOSIN HCL 1MG	QTY 30
DILTIAZEM 120MG	QTY 30	PRAZOSIN HCL 2MG	QTY 30
DOXAZOSIN 1MG	QTY 30	PRAZOSIN HCL 5MG	QTY 30
DOXAZOSIN 2MG	QTY 30	PROPRANOLOL 10MG	QTY 60
DOXAZOSIN 4MG	QTY 30	PROPRANOLOL 20MG	QTY 60
DOXAZOSIN 8MG	QTY 30	PROPRANOLOL 40MG	QTY 60
ENALAPRIL/HCTZ 5/12.5	QTY 30	PROPRANOLOL 80MG	QTY 60
ENALAPRIL 2.5MG	QTY 30	SOTALOL HCL 80MG	QTY 30*
ENALAPRIL 5MG	QTY 30	SPIRONOLACTONE 25MG	QTY 30*
ENALAPRIL 10MG	QTY 30	TERAZOSIN 1MG	QTY 30
ENALAPRIL 20MG	QTY 30	TERAZOSIN 2MG	QTY 30
FUROSEMIDE 20MG	QTY 30	TERAZOSIN 5MG	QTY 30
FUROSEMIDE 40MG	QTY 30	TERAZOSIN 10MG	QTY 30
FUROSEMIDE 80MG	QTY 30	TRIAMTERENE/HCTZ 37.5/25	QTY 30
GUANFACINE 1MG	QTY 30	TRIAMTERENE/HCTZ 75/50MG	QTY 30
HYDRALAZINE 10MG	QTY 30	VERAPAMIL 80MG	QTY 30
HYDRALAZINE 25MG	QTY 30	VERAPAMIL 120MG	QTY 30
HYDROCHLOROTHIAZIDE 12.5MG	QTY 30*	NEW WARFARIN 1MG	QTY 30
HYDROCHLOROTHIAZIDE 25MG	QTY 30	NEW WARFARIN 2MG	QTY 30
HYDROCHLOROTHIAZIDE 50MG	QTY 30	NEW WARFARIN 2.5MG	QTY 30
INDAPAMIDE 1.25MG	QTY 30	NEW WARFARIN 3MG	QTY 30
INDAPAMIDE 2.5MG	QTY 30	NEW WARFARIN 4MG	QTY 30
ISOSORBIDE MONO 30MG ER	QTY 30	WARFARIN 5MG	QTY 30*
ISOSORBIDE MONO 60MG ER	QTY 30	NEW WARFARIN 6MG	QTY 30
LISINOPRIL/HCTZ 10/12.5	QTY 30	NEW WARFARIN 7.5MG	QTY 30
LISINOPRIL/HCTZ 20/12.5	QTY 30*	NEW WARFARIN 10MG	QTY 30
LISINOPRIL/HCTZ 20/25MG	QTY 30*		

Prescriptions marked with an asterisk () are priced higher than \$4 in CO, CA, HI, MN, MT, PA, TN, WI and WY due to state laws. Customers in these states should use their Wal-Mart or Sam's Club pharmacist for price details.

Prescriptions marked with a double asterisk () are not covered under this program in CO, CA, HI, MN, MT, PA, TN, WI and WY due to state laws.

†\$4 prescriptions are for up to a 30-day supply of a covered drug at a commonly prescribed dosage for \$4 per prescription fill or refill. Your participation in certain prescription drug coverage plans may enable you to pay even less than \$4 for certain prescriptions. If you are eligible, you will be charged the lowest applicable amount. Program not available in North Dakota. You can get these prescription drug savings whether or not you have any prescription drug coverage through your company, union, Medicare or any other plan. The list of covered drugs is subject to change. Not all prescription drugs are covered by this program. Only prescriptions initially filled in person at a participating pharmacy are eligible for the \$4 rate; refills must also be picked up in-store, but may be refilled in person, online or by phone. This program is not available for prescriptions filled by mail order. See your Wal-Mart pharmacist for more information.



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VIRUSES

ACYCLOVIR 200MG QTY 30

VITAMINS & NUTRITIONAL HEALTH

ETHEDENT 0.25MG CHEWABLE QTY 120*

FOLIC ACID 1MG QTY 30

KLORCON 8 8MEQ ER QTY 30

KLORCON 10 10MEQ ER QTY 30

KLORCON M10 QTY 30*

MAG64 64MG QTY 60*

MAG OXIDE 400MG QTY 30

MULTI VITA FL 0.25MG CHEWABLE QTY 30

MULTI VITA FL .5 W/FE CHEWABLE QTY 30

MULTI VIT FL 0.5MG CHEWABLE QTY 30

MULTI VIT FL 1MG CHEWABLE QTY 30

NATACARE PIC QTY 30*

NATACARE PLUS QTY 30*

POTASSIUM CHLORIDE 10% LIQUID QTY 473ML

PRENATAL RX QTY 30*

OTHER MEDICAL CONDITIONS

CHLORHEXIDINE GLU 0.12% SOLUTION QTY 473ML

HYDROCORTISONE AC 25MG SUPPOSITORIES QTY 12

ISONIAZID 300MG QTY 30

LIDOCaine 2% VISCOUS SOLUTION QTY 100ML

MEGESTROL 20MG QTY 30*

METHYLPRED 4MG DOSE PAK QTY 21

METHYLPRED 4MG TABLET QTY 21

OXYBUTYNIN 5MG TABLET QTY 60

PHENAZOPYRIDINE 100MG QTY 6

PHENAZOPYRIDINE 200MG QTY 30

PREDNISONE 2.5MG TABLET QTY 30

PREDNISONE 5MG TABLET QTY 30

PREDNISONE 5MG DOSE PAK QTY 21

PREDNISONE 5MG DOSE PAK QTY 48*

PREDNISONE 10MG TABLET QTY 30

PREDNISONE 10MG DOSE PAK QTY 21

PREDNISONE 10MG DOSE PAK QTY 48*

PREDNISONE 20MG TABLET QTY 30

WOMEN'S HEALTH

ESTRADIOL 0.5MG QTY 30

ESTRADIOL 1MG QTY 30

ESTRADIOL 2MG QTY 30

ESTROPIPATE 0.75MG QTY 30

ESTROPIPATE 1.5MG QTY 30*

MEDROXYPROGESTERONE AC 2.5MG QTY 30

MEDROXYPROGESTERONE AC 5MG QTY 30

MEDROXYPROGESTERONE AC 10MG QTY 10

The following Family Planning items
are now available for \$9

CLOMIPHENE 50MG QTY 5**

SPRINTEC 28-DAY QTY 28**

TRI-SPRINTEC 28-DAY QTY 28**

Up to a 30-day supply at commonly prescribed dosage for fill
or re-fill. Program not available in CA, CO, HI, MN, PA, TN,
WI, WY

Prescriptions marked with an asterisk () are priced higher than \$4 in CO, CA, HI, MN, WI, PA, TN, WI and WY due to state laws. Customers in these states should see their Wal-Mart or Sam's Club pharmacist for price details.

Prescriptions marked with a double asterisk () are not covered under this program in CO, CA, HI, MN, WI, PA, TN, WI and WY due to state laws.
*\$4 prescriptions may be up to a 30-day supply at commonly prescribed dosage for fill or re-fill. Your participation in certain prescription drug coverage plans may enable you to pay even less than \$4 for certain prescriptions if you are eligible. You will be charged the lowest applicable amount. Program not available in all states. You will get these prescription drug savings whether or not you have any prescription drug coverage through your company, under Medicare or any other plan. The list of covered drugs is subject to change. Not all prescription drugs are covered by this program. Call 1-800-955-5229 for more information. See your Wal-Mart pharmacist for more information.

South Carolina Communicare

Health Care for the Uninsured

Call 1-800-763-0059

www.communicun-i-care.org

Communicare, a non-profit organization, provides health care services and prescription medications to low-wage, uninsured South Carolinians who do not have insurance, Medicaid, Medicare or Veterans Health Care Benefits. Physicians and health care providers volunteer to see patients at no charge and pharmaceutical companies donate medications from their product lines to Communicare's central-fill pharmacy. Communicare manages this network of resources, becoming a single source to help qualified patients get the care they need.

If you cannot afford to pay for insurance, Communicare helps find medical care and prescriptions. This includes locating a physician or a health care provider if you do not already have a physician, and if Communicare has a volunteer physician in your area. All Communicare prescriptive medications are filled at no charge. Communicare physicians volunteer to see qualified patients in their offices at no charge for one visit per year.

You May Qualify For

- A Physician's Office Visit
- Prescription Medications
- Medical Lab Work

If You Don't Have

- Health Insurance, Medicaid, VA Health Benefits

And You Do Have Income

- A Paycheck
- Unemployment Check
- Social Security Retirement Check
- Social Security Disability Check

How Do You Qualify For Communicare?

- Pay \$20.00 Application Processing Fee
- Able to Document Family Income
- Meet Eligibility Guidelines

FOR MORE INFORMATION, CALL COMMUNICARE TOLL-FREE:

1-800-763-0059

communicare

Putting health care in reach

Who Can Apply?

You can apply to Communicare if:

- You live in South Carolina
- You do **NOT** have Medicaid, Medicare, VA Health Benefits or Private Health Insurance
- You, or others in your home, **have some type of income** such as:
 - Wages, or Unemployment
 - Retirement
 - Social Security Retirement (under age 65)
 - Social Security Disability (within the two-year waiting period)
 - Child Support or Alimony

- The total income for everyone living in your house is below 200% of the Federal Poverty Level for your household size (see chart below)

2007 Income Guidelines

Number in Household	You must make less than
1	\$20,420
2	\$27,380
3	\$34,340
4	\$41,300
5	\$48,260
6	\$55,220
7	\$62,180
8	\$69,140

What You Will Receive:

- Medicine with as many refills as your doctor prescribes, if the drugs are available through one of the drug companies who donate to the Communicare program
- One free doctor visit, if there are no medical resources where the patient lives

Fact Sheet: Please Read Carefully

Is There A Cost?

- A \$20 non-refundable fee must be sent with each application and each yearly renewal.
- There is no charge for any of the medication

What Communicare Will Not Do:

- We will **NOT** pay for doctor, hospital, or prescription bills
- We will **NOT** pay for complete physical exams
- We will **NOT** pay for dental care or dentures

To Apply:

- Fill out the application, front and back
- Sign and date the application
- Attach *proof of income* for each person in the household who gets income (see Instructions on page 2)
- Attach a \$20 money order. *Personal checks will not be accepted.* Paying this fee does not guarantee approval for the program
- Keep this page and the attached list of drugs for your own use; we do not need it back.

Other Things You Need To Know:

- *Applications sent without proof of income, that are not signed, are missing information or the \$20.00 money order, will be returned*
- *The processing fee will NOT be returned for any reason, including incomplete or denied applications*
- *Do NOT send prescriptions with your application*

What If I Don't Qualify?

There are other programs available if you do not qualify for Communicare.

Please call Partnership for Prescription Assistance at their toll-free number, 1-888-477-2669 or visit their web site at www.pparx.org.

.....
Please read the instructions for each section before you fill out the application. Put the application next to the instructions as you work on each section.

Section 1. Fill in each box for the last name, first name, middle initial, social security number, date of birth, address (with apartment number), city, state, zip code, phone numbers, email, county, weight, height, sex and race.

Section 2. **Health Coverage Benefits:** Circle "yes" or "no" for each of the 6 health benefits listed in this section. Answer "Yes" or "No" for *each one*, otherwise, we will return the application. Do not report Medicaid Supplemental Insurance or any life insurance policies.

Section 3. Fill in how many adults and children live in your house. If there are no children, write in "0".

Section 4. Starting with yourself, list every person who lives in your home. Fill in how they are related to you, the amount of income they get and where the income comes from. If a person does not get any income, enter zero "0". Each blousbe filled in; we will return the application if anything is left blank.

Section 5. **Proof of Income:** For each person who gets income, please attach one of the items (a-i) listed below. If you are not sure what to send, call our toll-free number 1-800-763-0059 and we will help you. Do not send original papers; we will not return original pay stubs, tax returns, etc. We will accept any of the following:

- a. Most recent pay stubs for wages covering a 4-week pay period; if you receive commission, please submit 3 months documentation of commission earnings. Do not send tax returns.
- b. If you do not get a pay stub, you must submit a letter from the employer stating your rate of pay and the maximum number of hours you may work per week.
- c. If self-employed, you may submit a Federal tax return; it must include Schedule C, Business Profit or Loss worksheet. Tax returns are only accepted if you are self-employed.
- d. Unemployment Benefit Statement
- e. Social Security *Disability* Benefit Statement – You must be within the first two years of disability when you do not qualify for Medicare (do not send a copy of the check or a bank statement, we need the Benefit Statement from Social Security)
- f. Social Security *Retirement* Benefit Statement – You must be under age 65 (do not send a copy of the check or a bank statement; we need the Benefit Statement from Social Security)
- g. Other Retirement Benefit Statement or check stub (you must be under age 65)
- h. Child Support Award Statement
- i. Alimony Award Statement

Section 6. If you attend a clinic, fill in the complete name of the clinic.

Section 7. If you have a personal doctor, fill in their full name.

Section 8. If you have allergies to food, drugs, or other substances, list them on the lines provided.

Section 9. Put a check mark by any condition you have, and if one is not listed, write it in on the lines below.

Section 10. List all prescription medicines you take.

Section 11. List all over-the-counter medicines, including pain relief, vitamins, herbs, etc.

Section 12. Read the liability statement and sign and date the application. Review the checklist before mailing the application.



Putting health care in reach

P.O. Box 186 Columbia S.C. 29202-0186

Columbia: 933-9183

Statewide: 1-800-763-0059

www.communicare.org

CIC USE ONLY

Received:

Fee:

..... Patient Application

Who referred you? _____

Note: Communicare requires a \$20 non-refundable fee with each application. Only Money Orders will be accepted.

Section 1. Please follow the instructions on page 2 as you fill in each box below: PLEASE PRINT

Last Name	First Name & M.I.	Social Security Number	Date of Birth
Mailing Address With Apt. #	City	State	Zip Code
Home Phone ()	Cell Phone ()	Work Phone ()	County
Weight	Height	Sex	Race

Section 2. Do you have any of the benefits listed below? Circle yes or no for each one. Do not leave anything blank. Medicare Supplemental Insurance and Life Insurance policies do not need to be reported.

Medicaid	Yes	No
Medicare	Yes	No
Private Health Insurance	Yes	No

VA Health Benefits	Yes	No
SilverRx Card	Yes	No
Family Planning	Yes	No

Section 3. How many people live in your house including you: Adults _____ Children (under age 18) _____

Section 4. List each person in your house and tell us how much income each one has (list yourself first). At least one person in the household must have income for you to qualify for Communicare.

Person's Name	Relationship to you	Amount received or earned (if nothing put zero (0))	How often?	Who gives this to you?
	Self			

Section 5. Please attach *proof of income* for each person listed above who has an income. See the Application Instructions on Page 2 to see what will be accepted; if you are not sure what to send, call our toll-free number 1-800-763-0059 and we will help you. Do not send original papers; we will not return original pay stubs, tax returns, etc.

Section 6. Do you attend a clinic? _____ If yes, which clinic? _____

Section 7. Do you have a doctor? _____ If yes, what is your doctor's name? _____

CIC USE ONLY: Approved / Disapproved By: _____ Eligibility Expires on _____

Office Visit _____ Pick-up Site _____ Batch # _____

..... MEDICAL HISTORY
LISTING A MEDICAL CONDITION/PROBLEM DOES NOT GUARANTEE THAT YOU WILL RECEIVE SERVICES FOR IT.

Section 8. Are you allergic to foods, drugs, or other substances? _____ If yes, which ones? _____

Section 9. Put a check ☒ mark if you have: _____ Acid Reflux/Ulcers _____ Allergies _____ Arthritis
 _____ COPD (Emphysema, chronic bronchitis) _____ Asthma _____ Depression _____ Diabetes (Sugar)
 _____ Hypertension (high blood pressure) _____ High Cholesterol _____ Seizures _____ Thyroid
 _____ Other illness, physical disability, or medical problem (please explain): _____

Section 10. What prescription medications do you take? _____

Section 11. What over-the-counter patient medications, vitamins, or herbs (aspirin, Tylenol, Tums, etc.) do you take? _____

Section 12. PLEASE READ THIS STATEMENT AND SIGN AND DATE THAT YOU AGREE:.....

I certify that I have read and understand the services offered by Communicare (CIC) and my responsibilities as a CIC participant as described on this application, and agree to the terms contained in this document. I also certify that the information I have given in this application is accurate and true to the best of my knowledge and belief. I understand that participation in the CIC network by physicians, pharmacists, pharmaceutical companies, and other health care professionals is strictly voluntary and that they receive no pay for their services. I also understand that even if my application is approved, services are not guaranteed. By signing this application, I release CIC, its physicians and service providers, affiliated drug companies, and any public or private agencies or financial supporters and their agents and assigns from any and all claims of liability in contract or tort arising out of the actions of CIC, its agents, employees, sponsors or health care providers in performing services or related to the services I receive from CIC. I give my consent to the Department of Social Services and the South Carolina Health and Human Services Finance Commission to advise CIC of the status of a pending Medicaid application. I will notify CIC if I become eligible for Medicaid, Medicare, Health Insurance, or VA Health Benefits. I also give consent for CIC to disseminate my health information to its affiliates as it pertains to all Federal, state, and local laws and regulations and purposes directly connected to the administration of CIC programs and grants.

Please sign here: X _____ Date: _____

Mail Application, Income Documents, and \$20.00 fee (Money Order only) to:

**Communicare
 PO Box 186
 Columbia, SC 29202-0186**

Application Checklist

- Please make sure you have done all of the following:
- Did you fill in every part of the application?
 - Did you sign and date the application?
 - Did you attach proof of income for each person?
 - Did you attach the \$20 money order?

..... Drugs Available thru Communicare As of February 2007

ACCOLATE®	GLUCOTROL XL®	PLAVIX®
ACCUPRIL®	GLUCOTROL®	PLENDIL®
ACCURETICTM	GRIFULVIN®	PRANDIN®
ACPHEX®	HUMALOG®	PREVACID®
ADVAIR DISKUS®	HUMALOG® MIX 75/25™ - Vial	PROCARDIA XL®
ANTIVERT®	HUMALOG® MIX 75/25™ - Pens	PROZAC WEEKLY®
ARIMDEX®	HUMULIN® 70/30	PROZAC®
ATACAND HCT®	HUMULIN® N	PULMICORT RESPULES™
ATACAND®	HUMULIN® R	REL PAX®
AVALIDE®	HYZAAR®	RETIN-A MICRO®
AVANDAMET®	IMITREX®	RETIN-A® CREAM
AVANDIA®	JANUVIA 25™	RHINOCORT AQUA®
AVAPRO®	JANUVIA 50™	RISPERDAL®
BIAXIN® Filmtab®	JANUVIA 100™	SEROQUEL®
BIAXIN® XL Filmtab®	K-TAB® 10 mgEq	SINGULAIR®
CADUET®	LAMISIL®	SPORANOX®
CARDURA®	LESCOL®	STALEVO®
CASODEX®	LESCOL® XL	STARLIX®
CHANTIX™	LEVAQUIN®	STRATTERA™
CELEBREX®	LIPITOR®	SYMBYAX®
CENTANY™ - 2% Ointment	LOPID®	SYNTHROID®
COMTAN®	LOTREL®	TARKA®
COSOPT®	MAXALT®	TEGRETOL®XR
COVERA-HS®	MAXALT® MLT	TERAZOL®7 CREAM
COZAR®	MAVIK®	TOPAMAX®
CRESTOR®	MINIPRESS®	TOPROL-XL®
CYMBALTA®	MINIZIDE®	TRICOR®
DEPAKOTE®	NAVANE®	TRILEPTAL®
DEPAKOTE® ER	NEURONTIN®	TRUSOPT®
DETROL®	NEXIUM™	ULTRACET®
DETROL® LA	NITROSTAT®	ULTRAM®
DIFLUCAN®	NIZORAL®	VENTOLIN®HFA
DILANTIN® INFATABS®	NORVASC®	VIAGRA®
DILANTIN® KAPSEALS®	NOVOFINE®	VIBRAMYCIN®
DIOVAN®	NOVOLIN® 70/30 INNOLET®	VIBRA-TABS®
DIOVAN HCT®	NOVOLIN® 70/30 PENFILL®	VISTARIL®
DYAZIDE®	NOVOLIN® N INNOLET®	VITORIN®
ELIDEL®	NOVOLIN® N PENFILL & VIALS®	WELLBUTRIN SR®
EMEND®	NOVOLIN® R INNOLET®	WELLBUTRIN XL™
ENABLEX®	NOVOLIN® R PENFILL & VIALS®	ZARONTIN®
EVISTA®	NOVOLOG® PENFILL®	ZELNORM®
EXELON®	NOVOLOG® FLEXPEN® & VIALS®	ZETIA®
FAMVIR®	NOVOLOG® MIX 70/30 FLEXPEN®	ZITHROMAX®
FELDENE®	NOVOLOG® MIX 70/30 PENFILL & VIALS®	ZOLOFT®
FLONASE®	NOVOPEN® 3	ZYPREXA ZYDIS®
FOSAMAX®	OMNICEF®	ZYPREXA®
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