4428 Taggart Creek Rd
Suite 101
Charlotte, NC 28208
Toll Free: 866.331.1348
Local: 704.536.1790
Fax: 704.536.9865
www.medassist.org

NC MedAssist
Dispensing Hope for the Uninsured

Free Pharmacy Program Application

Please complete pages 1-3. Sign your name on page 3 and submit with your supporting documents. See previous page for application instructions.

Patient Information

First Name:	MI:	Last Name:	SSN /ITIN(W-7):	Birth Date:
Mailing address:		City:	State: NC	Zip:
County in North Carolina			Primary Phone #:	Secondary Phone #:
Marital Status: ☐Single ☐Married ☐Separated		Email Address:		
Name of Healthcare Provider/Doctor and Phone #:			Emergency Contact Name/Phone/Relation:	
Primary Language(other than English):			Gender: ☐Male ☐Female ☐Nonbinary	
Race: ☐ White or Caucasian ☐ Black or African American ☐ Asian ☐American Indian ☐ Native Hawaiian or Pacific Islander ☐ Bi-racial or Multi-racial ☐ Other:			Number of People in Household Including Self: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 Other:	
Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino			How did you hear about the program?	
Please check if you have any of the following: ☐Health Insurance ☐ Medicare ☐Medicare Part D ☐ Medicaid ☐Medicaid Family Planning Only			If applicable, Name of Enrollment Site or Sponsoring Point-of-Entry(Enter site code):	
Please list any medication allergies that you have:				

Patient Income

List and Attach all Household Income:

Salary/Wages	$_____
Disability	$_____
Alimony/ Child Support	$_____
Social Security	$_____
Pension/Retirement	$_____
Unemployment/Work Comp	$_____
Gross Monthly Income	$_____
Total Gross Annual Income	$_____

Attach Proof of Income or No Income
Please see the application instructions to find a list of approved income documents. If married, please include income of spouse.

All income must be dated from within the last 60 days. Annual statements must be dated this year.

Has your income been affected by COVID-19?
☐Yes ☐No

Did you file taxes this year?
☐Yes ☐No

Next, you will find our Health Survey that must be submitted with your application. The information that we gather from these surveys helps us to get funding for NC MedAssist and continue providing you with medications you need at no cost. Your responses allow us to tell how this service improves your health and quality of life. Please answer the questions to the best of your ability by circling, checking or filling in your answer.