

[What Is It](#)

[How It Works](#)

[Do I Qualify](#)

[How To Start](#)

[Online Application](#)

[Contact Us](#)

[Home](#)



ONLINE APPLICATION

Please complete the application below and mail to us.

After reviewing your application, a Free Medicines Online / MED-ASSIST staff member will contact you to not only let you know which medications are currently covered, but also how much money you can possibly save each month.

In order to ensure an accurate result, please fill in all fields.

Please mail completed forms to:

P.O. Box 96
Duplessis, LA 70728

Name:

Address:

City:

State:

Zip:

Date of Birth:

Gender:

Male

Female

Home Phone #:

Email Address:

Are you a United States Citizen: Yes
No

Marital Status: Married
Single
Widowed
Divorced

Number of people in household including yourself: 1
2
3
4
5

Did you file a tax return last year: Yes
No

If no, Why not

Income Sources/ Amounts for Total Household:	You	Spouse	Other
Social Security			
Pension			
Salary/Wages			
Other income			

Are you married and earn more than \$27,000 per year: Yes
No

Are you single and earn more than \$20,000 per year: Yes
No

** Income level requirements vary depending on each pharmaceutical company and on # of dependents per household**

Do you have Medicare A: Yes
No

Do you have Medicare B: Yes
No

Please list medical conditions:

Medical Allergies:

Message:

****By clicking the checkboxes next to each statement below you acknowledge your agreement with the statement***

I understand that I may have to provide financial information as well as health insurance cards in order to complete the application process.

I understand that it may take 6–8 weeks to initially receive my medications after my applications are finalized.

I understand that Med-Assist may need to contact me, my caregiver/family, my doctor or my pharmacy for additional information to complete the application process, and I give Free Medicines Online / MED-ASSIST permission to do so as long as I am using the Free Medicines Online / MED-ASSIST service.

Checking this box and entering your full, legal name in the field provided below serves as your signature to the above statements.

Full Legal Name of Client: