



1359 South Randolph Street  
Garrett, IN 46738  
Phone: 260-357-0077  
Fax: 260-357-1359

## **PATIENT ASSISTANCE PROGRAM PATIENT AGREEMENT**

As a service to our patients, St. Martin's Healthcare will work on your behalf to obtain your medications through the Pharmaceutical Companies that make them. Not all of your medications may be available.

### **1. To qualify:**

- a) Certain financial documents may be required. A form is supplied to you highlighting what you need.
- b) You have **30 days** to supply this information to the clinic. If you choose not to provide us with this necessary information or documents, **you will be financially responsible for your medications and prescriptions will be written.**

### **2. All meds are delivered to our office**

- a) All medications are to be delivered to the clinic. **DO NOT** change the shipping address to your home even if you receive a call from the drug companies. Failure to follow this rule will result in dismissal from the PAP Program
- b) **DO NOT** place reorders through a pharmaceutical company on your own even if you receive a call to do so
- c) It takes approximately 6 weeks for the first shipment to arrive.
- d) Most medications are a 3 month supply.
- e) We are considered a Doctor's office.
- f) Your medication **must be picked up within 2 weeks** of arrival to St. Martin's Healthcare.
- g) **Medications can be picked up during walk-in clinic hours only.** No medications will be given out on Tuesdays unless you already have a scheduled appointment with one of our practitioners.

### **3. Please notify the clinic of any changes**

- a) Any change in address or phone number (we are unable to contact you if we don't have updated information)
- b) Any changes in income or if you become insured
- c) Any changes in medication or new medications please let our staff know.

### **4. Please open your mail!!**

- a) Read everything we send you and do as it says in a timely manner.
- b) If you receive anything from the companies at home, regardless of what it is, **PLEASE BRING IT TO US.** This is very important otherwise we have no control over what happens next.
- c) If you receive a medication delivery at your home, please notify Jenny or Tim immediately.

### **5. Let us know when you only have 30 days left of your medication**

- a) Medications that come through this program will be written on a **BLUE** paper that will be in your sack when you pick the medication up.
- b) Please contact **Destiney at 260-357-0077.**

### **6. REMEMBER:**

- a) Please be nice to our staff, as rudeness is not acceptable and will not be tolerated.
- b) PAP is a service we provide and can be terminated at any time.
- c) Please remember these are FREE medications and companies routinely change which meds are available on their program.
- d) Just because your prescription has been shipped from the company doesn't mean it is going to be here in days. It takes time to be mailed, processed, and checked in at our clinic.

**I have read and agree to the above established guidelines. I realize failure to follow these guidelines, may result in my dismissal from the Prescription Assistant Program at St. Martin's Healthcare.**

**Signature:** \_\_\_\_\_  
Updated: 6/26/14

**Date:** \_\_\_\_\_