



Kootenai Clinics Medication Access Team would like to proactively screen your benefits and enroll you in Financial Assistance for your medication related expenses.

-Kootenai may pursue any available manufacturer coupons, foundation funds, grants, or any other form of financial aid to help reduce the cost of the prescription/infusion medications.

-Personal information such as income and social security number may need to be submitted to the distributor of financial aid in order to obtain funds. Please provide Social Security number to Registration. Please do not write your social security number on this form.

-It is Kootenai's policy to apply assistance funds as secondary to the patient's prescription and medical insurance. It is important for patients to maintain their prescription and medical insurance in order to have access to Kootenai's assistance funds.

Please sign here in agreement and answer the questions below.

Signature_____Date_____

Family Size: _____

Dependents: _____

Gross Annual Income: _____

Preferred Method of contact (Mychart/Phone/email): _____

Phone: _____

Email: _____

I opt out of screening and Financial Assistance opportunities

Signature_____Date_____