NEA BAPTIST CHARITABLE FOUNDATION

MEDICINE ASSISTANCE PROGRAM
PO BOX 1089
JONESBORO, AR 72403
(870) 934-5400

INFORMATION SHEET
MUST COMPLETE ENTIRELY

TODAY'S DATE_____

CONTACT INFORMATION

FIRST NAME _____MIDDLE_____LAST _____

PHONE NUMBER HOME_____ WORK_____CELL_____MESSAGE_____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PERSONAL INFORMATION

DATE OF BIRTH _____ SOC. SECURITY NUMBER_____MALE_____FEMALE_____

US CITIZEN **Y N** US RESIDENT **Y N** US VETERAN **Y N** LEGALLY DISABLED **Y N**

MARITAL STATUS **MARRIED DIVORCED SINGLE WIDOWED**

NUMBER IN HOUSEHOLD (INCLUDING THE PATIENT) _____ RACE (OPTIONAL)_____

FINANCIAL INFORMATION (PLEASE INCLUDE ALL HOUSEHOLD INCOME)

MONTHLY INCOME	**PATIENT**	**SPOUSE/OTHER**
WAGES:	_____	_____
UNEMPLOYMENT:	_____	_____
DISABILITY:	_____	_____
SOCIAL SECURITY:	_____	_____
SSI:	_____	_____
PENSION:	_____	_____
OTHER:	_____	_____
TOTAL MONTHLY:	_____	_____

If you file taxes please send a copy of your most recent Federal tax return pages 1&2. (1040 FORM)

INSURANCE INFORMATION

DO YOU HAVE ANY PRESCRIPTION COVERAGE? **Y N**
If you answered yes – **Please send a copy of the front and back of your card.**

DO YOU HAVE MEDICARE? **Y N**
If you answered yes – Please send a copy of the front and back of your card.

ARE YOU ENROLLED IN A MEDICARE PART D DRUG PLAN? **Y N**
If you answered yes – Please send a copy of the front and back of your card.

IF YOU HAVE MEDICARE, HAVE YOU APPLIED FOR THE LOW INCOME SUBSIDY (LIS) FROM SOCIAL SECURITY? Y N

DO YOU HAVE MEDICAID? **Y N**
If you answered yes – Please send a copy of the front and back of your card.

HEALTHCARE INFORMATION

MEDICAL CONDITIONS _____

_____

DRUG ALLERGIES_____

DOCTOR'S NAME (first and last) PHONE NUMBER ADDRESS

_____

_____

MEDICATIONS STRENGTH/MG # OF TIMES DAILY DR

_____

_____

_____

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_____

PATIENT SIGNATURE_____DATE_____

BY SIGNING THIS APPLICATION YOU AGREE THAT ALL OF THE INFORMATION YOU HAVE PROVIDED IS CORRECT. YOU ALSO AGREE THAT YOU ARE RESPONSIBLE FOR REPORTING ANY CHANGES IN YOUR FINANCIAL SITUATION OR INSURANCE COVERAGE.