PRESCRIPTION CONNECTION INTAKE APPLICATION

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 58370 (5-2012)

For Office Use Only	
PC	MCPDP

Date

Name	Telephone Number

Address	City	State	ZIP Code

Size of Household	Age	Age of Spouse	Age of Child	Age of Child	Age of Child

Are you:

☐ US Citizen or ☐ Legal Resident

Mark any of the following that you have

☐ Medicare ☐ Medicaid ☐ Prescription Insurance ☐ Veteran's Prescription Benefits ☐ Don't Know ☐ No Prescription Insurance

Sources of Income

Income/Wages		Interest Earned/Dividends	
Social Security/Pension		Child Support/Alimony	
Self Employment		Rental Income	
Unemployment		Other Income	
		TOTAL GROSS YEARLY INCOME	

Name of Clinic	City of Clinic

Name of Pharmacy	Telephone Number

Comments

Each pharmaceutical company determines who is eligible for its programs. In most cases, they will need income records. They may also ask for other records. Records needed are listed on the drug company's applications.

We have people throughout the state who can help you complete the application forms. Please call us at 1-888-575-6611 and we will find someone to help you.

Requested a Volunteer? ☐ Yes ☐ No	Name of Volunteer	Telephone Number

Mail this intake form to: Prescription Connection
North Dakota Insurance Department
600 East Boulevard Avenue-Dept. 401
Bismarck, ND 58505-0320
ndshic@nd.gov

		MEDICATION INFORMATION					
					For Office Use Only		
Name of Medicine	**Patient**	**Dosage**	**Physician Last Name**	**Physician First Initial**	**NDDRP**	**Name of Manufacturer**	**Toll Free Number**