



PRESCRIPTION CONNECTION INTAKE APPLICATION

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 58370 (8-2020)

For Office Use Only

PC

MDPDP

Date

| | | | | | | |
|--|-----|---------------|----------------|----------------------------------|------------------|----------|
| Name | | | | | Telephone Number | |
| Email Address | | | | | | |
| Address | | | City | | State | ZIP Code |
| Size of Household | Age | Age of Spouse | Age of Child | Age of Child | Age of Child | |
| Are you <input type="checkbox"/> US Citizen or <input type="checkbox"/> Legal Resident | | | | | | |
| Mark any of the following that you have <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Prescription Insurance <input type="checkbox"/> Veteran's Prescription Benefits <input type="checkbox"/> Don't Know <input type="checkbox"/> No Prescription Insurance | | | | | | |
| Source of Income | | | | | | |
| Income/Wages | | | | Interest Earned/Dividends | | |
| Social Security/Pension | | | | Child Support/Alimony | | |
| Self Employment | | | | Rental Income | | |
| Employment | | | | 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.

Mail this intake form to: Prescription Connection
North Dakota Insurance Department
600 East Boulevard Avenue-Dept. 401
Bismarck, ND 58505-0320
1-888-575-6611
ndshic@nd.gov

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