

# Providing Access to Affordable Medications

**OVER 1,000 MEDICATION  
STRENGTHS AVAILABLE  
THROUGH OUR MAIL-  
ORDER PHARMACY**



## Follow these four simple steps...

### STEP

# 1

#### See if you qualify.

You qualify for Rx Outreach as long as your annual household income is:

- ☐ **\$37,470** or less for a single person   ☐ **\$63,990** or less for a family of three   ☐ Add **\$13,260** for each additional person  
☐ **\$50,730** or less for a family of two   ☐ **\$77,250** or less for a family of four

### STEP

# 2

#### See if your medicine is on the attached Rx Outreach drug list.

If you do not see your medication on the attached list, please visit our website. The price listed for each medication is the price you pay. We do not charge any additional fees!

### STEP

# 3

#### Get a prescription from your doctor.

Prescriptions may be written with refills available for up to one year. Ask your doctor about a 180-day supply with one refill or a 90-day supply with three refills. Ask your doctor to e-prescribe your prescription. Rx Outreach is in the Surescripts network under NCPDP ID 2635855. Or, your physician may fax your prescription and application to 1-800-875-6591.

### STEP

# 4

#### Mail the completed application, your original prescription(s) and your payment to:

Rx Outreach  
P.O. Box 66536  
St. Louis, MO 63166-6536

For more information, visit [www.rxoutreach.org](http://www.rxoutreach.org)  
or call 1-888-RXO-1234 (796-1234),  
M-F, 7:00 a.m. to 5:30 p.m. Central time.

**Rx Outreach is not insurance**



**RX OUTREACH APPLICATION**  
**TO ENROLL, PLEASE FILL OUT EACH FIELD**

First name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Circle one: Male / Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Opt into text messages

Patient Advocate/Guardian Contact: (if applicable) \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Clinic or Physician Group (write N/A, if none): \_\_\_\_\_

Food / medications you are allergic to: \_\_\_\_\_

Other Medication you are taking and medical conditions: \_\_\_\_\_

**Shipping address if different from above (Your shipping address must be a deliverable U.S. Post Office street address.) to:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**Income Information:** Annual household income: \$ \_\_\_\_\_ Number of people in your house, including you: \_\_\_\_\_

**You must sign the form before we can send your medicines.** I attest that the information provided in this application is complete and accurate. This authorization or a copy shall be valid for 12 months from the date of signature. I understand that Rx Outreach reserves the right to request income verification from me or refuse my application based on any misuse, abuse or illegal distribution of any products in this program. I will not seek reimbursement of any fee I pay to Rx Outreach from my health insurance, including Medicaid, Medicare or similar programs.

Event Code

**788**

**Signature Required:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*(If advocate/guardian signing on behalf of patient-please denote relationship)*

**IF PLACING AN ORDER**

**How to Pay:** Check or money order **payable to Rx Outreach**, or credit card. Please do not send cash.

FSA/Credit card/Debit card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_

☐ Visa ☐ MasterCard ☐ Discover ☐ FSA are the only credit cards or debit cards accepted. Please check one.

**I authorize Rx Outreach to charge this credit card for payment on my first order.** Total Amount \$ \_\_\_\_\_

**Name on card:** \_\_\_\_\_ **Cardholder Signature:** \_\_\_\_\_

*(required if using a credit card)*

**TO ORDER CONTROLLED SUBSTANCES, YOU MUST ATTACH A COPY OF YOUR PHOTO ID CARD (for example, a driver's license or state ID card). Controlled substances and non-controlled medications will ship separately. We cannot ship controlled substances to a P.O. Box or a doctor's office. and they must be signed for upon delivery. Controlled substances are identified by "CS" on the medication list.**

You can mail in the application and prescription or fax to 1-800-875-6591 (Faxed prescriptions must come directly from the doctor's office)