



MCPHS

pharmacy outreach program

What is Pharmacy Outreach?

- Free information and referral service to help residents take medications appropriately
 - Obtaining and affording medications
 - Understanding medications
- Staffed by case managers, pharmacists, and pharmacy students at MCPHS University
- Department within the School of Pharmacy-Worcester/Manchester
- Funding through Executive Office of Elder Affairs, Boston Elderly Commission and University

How do you connect with Pharmacy Outreach?

- Call toll-free line 1-866-633-1617, Monday – Friday, 8:30-5:00

What do we do?

- Provide education and assistance and research with insurance plans and programs
 - Medicare Part D
 - Prescription Advantage
 - Extra Help through Social Security
 - Patient Assistance Programs
 - Low Cost Generic Purchasing Programs
- Answer questions about medications and diseases
- Provide one-on-one medication reviews with a pharmacist
- Provide community-based education and presentations
- Learning site for MCPHS University students

When are we coming back?

- Monday, April 30 at 11:00 am-Dr. Janelle Herren
- Presentation on Diabetes and medications used to treat Diabetes
- Individual medication review sessions
- Sign up today!
- Fill out an intake form! Leave with us or bring back on April 30.

MCPHS

UNIVERSITY

Pharmacy Outreach Program

MCPHS UNIVERSITY PHARMACY OUTREACH PROGRAM INFORMATION REQUEST FORM

Please complete and mail to:

MCPHS University Pharmacy Outreach Program
19 Foster Street, Worcester, MA 01608
Toll Free 1-866-633-1617 / Fax 774-272-8747

The following information will assist MCPHS Pharmacy Outreach staff in finding programs to help you afford your medications, and provide information on how to take your medications safely. For those on Medicare, it will also allow staff to conduct a Medicare Part D review to make sure you're enrolled in the best plan available to you. Once your information form is received, a staff member will contact you to discuss your specific needs and options. The Pharmacy Outreach program is a free service available to all Massachusetts residents. For more information please call 1-866-633-1617. Thank you.

First Name _____ Middle _____ Last _____ SEX _____

Address _____ City _____ State _____ Zip _____

Day-time Phone Number _____ Alternate Phone Number _____

Contact Person _____ Phone Number _____

Date of Birth _____ Who referred you to our program? _____

PLEASE PROVIDE THE FOLLOWING INSURANCE INFORMATION

Do you have prescription coverage? Yes _____ No _____

If Yes, what? _____

Do you have MassHealth? _____ Do you have Prescription Advantage? _____

IF YOU ARE COVERED BY MEDICARE, PLEASE LIST THE FOLLOWING INFORMATION:

Medicare Claim Number _____

Effective Date Part A _____

Effective Date Part B _____

What prescription drug plan do you currently have? _____

MEDICARE		HEALTH INSURANCE	
SOCIAL SECURITY ACT			
NAME OF BENEFICIARY JOHN B. DOE			
MEDICARE CLAIM NUMBER 123-45-6789A		SEX MALE	
IS ENROLLED TO		EFFECTIVE DATE	
HOSPITAL INSURANCE (PART A)		1/1/95	
MEDICAL INSURANCE (PART B)		1/1/95	
SIGN HERE <i>John B. Doe</i>			

PLEASE ANSWER THE FOLLOWING TO DETERMINE IF YOU ARE ELIGIBLE FOR ASSISTANCE

How many people are in your household? _____

What is your gross monthly household income? _____

Amount of assets (savings accounts, stocks, etc.)? _____

PLEASE LIST YOUR TWO PREFERRED PHARMACIES

1) _____

2) _____

PLEASE PROVIDE A LIST OF ALL YOUR MEDICATIONS:

(IF YOU HAVE MORE MEDICATIONS OR QUESTIONS, PLEASE LIST ON A SEPARATE PIECE OF PAPER AND ENCLOSE.)

Name	Dosage	Frequency

Questions: _____
