JOHNS HOPKINS MEDICINE

Outpatient Medication Assistance Program
Screening Form

Date_____ Clinic name _____

Name of Screener_____

1. Patient Information

Name _____ MR#_____
Social Security _____ Date of Birth_____
Address _____ City _____ State ____ Zip_____
Phone _____
Emergency contact _____

2. Financial screening

Source of income _____ Amount $ _____wk/mo/yr (circle)
___ EVS (866-710-1447, & provider #) ____ Invalid___ Valid # _____ Other ins_____
___ MA □yes □no Applied on _____ DSS office/other _____ contact _____
___ To check status of completed applications: Call Recipient Relations, DHMH, 410-767-5800, option 2
___ PAC □yes □no http://dhmh.maryland.gov/mma/mpap/ application given □yes □no
___ Medicare □yes □no Medicare D □yes □no If yes, name of Plan _____
If no, information given □yes □no http://www.medicare.gov/

3. Discount Prescription Resources

___ Walmart http://www.walmart.com/index.gsp Meds covered_____
___ RiteAid http://www.riteaid.com/pharmacy/ Meds covered_____
___ Target http://www.target.com/ Meds covered _____
___ Walgreens http://www.walgreens.com/pharmacy/ Meds covered_____
___ CVS http://www.cvs.com Meds covered _____
___ MedCo (for Medicare patients only) http://www.medcohealth.com Meds covered_____
___ JH Pharmacy www.Hopkinsmedicine.org/outpatientpharmacy Meds covered_____
___ Other _____

4. Pharmaceutical Assistance Programs

___ Pharmaceutical Assistance Program □yes □no
If yes, name of Program _____ Contact _____
Medications covered _____
Date application completed _____ Information given □yes □no
___ Other PAP □yes □no
If yes, name of Program _____ Contact _____
Medications covered _____
Date application completed _____ Information given □yes □no

5. Other notes

Prescription medications not covered by any of the above_____
_____
_____
_____
___

Questions? Contact Robin Johnson (JHCP) 410-502-8377, rgarris5@jhmi.edu; Regina Ritenour (JHBMC) 410-550-0290, rritenou@jhmi.edu; or Carol Stansbury (JHH) 410-614-5237, cstandsb@jhmi.edu.