

CHARLES COUNTY DEPARTMENT OF HEALTH
CORE SERVICE AGENCY

PHARMACY PAYMENT REQUEST FOR UNINSURED CONSUMERS

Date of Request _____

Requesting Agency _____ Tele: _____

Client Name _____ SSN: _____ DOB: _____

Client Address _____

Client Phone #: _____ Is client in Public Mental Health System? No__ Yes__

Is client currently receiving any benefits? (SSI, TCA, etc) _____

Has client received assistance in the past? No__ Yes__ Date of request: __/__/__

I hereby certify that (All must be completed before requesting assistance from CSA)

___ The client has no prescription coverage of any kind

___ The client has applied for Maryland Medical Assistance - Date applied: __/__/__

___ The prescribing physician cannot provide samples

___ These medications are not available through pharmaceutical manufacturer/seller's client assistance

___ No other sources of payment are known

Indicate Sources Contacted: _____

DSM-V Diagnosis: _____

Prescription Details (Indicate Rx Name, Dosage, and Count)

1. _____

2. _____

3. _____

***Please Attach the Following Documents With Each Request:**

- Signed copy of the Rx
- Documentation for Uninsured Eligibility Benefit Form

*Client or Mental Health Provider may pick up Rx at the North Gate Pharmacy in Waldorf once notified by the CSA.

Signature of Mental Health Provider Completing Request: _____

CSA ACTION TAKEN:

Payment Information

a) Total cost \$ _____

b) Other Payment Sources
(if applicable) \$ _____

Pharmacy Information

North Gate Pharmacy-Waldorf, MD

Tele: 301-932-7977

Request Approved _____

Amount Approved: \$ _____

Request Denied _____

Signature of CSA Staff

Date

Signature of CSA Director or Assistant Manager

CSA Notes:

Directions for completing the form:

- 1. The CSA funds can only be used to cover the cost of psychotropic medications. At this time, somatic medications are not covered unless it is to support the administration of a psychotropic medication.**
- 2. The Core Service Agency is payer of last resort. This means all other resources must be explored and exhausted before the CSA will pay for the medication. In addition, the consumer must have applied for Medical Assistance to be considered for assistance.**
- 3. The CSA cannot pay for co-pays.**
- 4. The CSA cannot pay for the Medicare “Donut Hole.”**
- 5. All information requested above the dotted line must be completed by the Mental Health Provider, and include a signature by the provider completing the form and who can be contacted by the CSA regarding the application.**
- 6. A copy of the prescription must accompany the application.**
- 7. A copy of the DHMH-Documentation for Uninsured Eligibility Benefit form must accompany the application.**
- 8. Availability of funds is determined by the Behavioral Health Administration. This assistance is only available for the duration that the funding is available.**