



Freemed
Prescription Assistance Checklist

301 S Boulevard, Suite #2
Idaho Falls, ID 83404
Phone: 208-528-6337, Fax: 208-528-6339
Email: freemedoffice@gmail.com

To Enroll, Please Bring the Following to Your Appointment

Identification/Citizenship Verification

Social Security Card
Drivers License
or
State ID
or
Birth Certificate
or
Resident Alien Papers/Card

Insurance Information
(Not every document may apply to you)

Current Medicaid Denial Letter
and/or
Medical Insurance Card
or
All Medicare Cards

**Proof of Income/Financial
Information**

Current Federal Income Taxes
or
Current Social Security Benefits Letter
or
Current Veterans Benefits
or
Current Workman's Comp Benefits
or
3 most recent paystubs
or
Most recent Bank Statements (90 days worth)
or
Current Health and Welfare Benefits Letter

List of Current Medications

Bring all your current bottles/boxes with you
or
Pharmacy Print out
or
The application medication form attached

Call for an Appointment

208-528-6337
Hours: Monday - Thursday 9:00 am to 2 pm



Freemed

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Phone: 208-528-6337

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E-Mail: freemedoffice@gmail.com

Applicant Information

Name:

Date

Street Address

Mailing Address (if different)

City

State:

Zip

Phone #

Birthdate:

E-mail

Social Security #

US Citizen	Yes	No
Legal Resident Alien	Yes	No
Veteran	Yes	No
Student	Yes	No
Current Federal Income Taxes	Yes	No
Social Security Disability	Yes	No
Copy of Medicaid Denial Letter	Yes	No



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Gender	Male	Female	
Employment Status	Part- Time Employed	Full-Time Employed	
	Unemployed	Self Employed	
	Retired	Other	
Marital Status	Single	Married	Widowed
	Divorced		
# of people in the Household		Monthly Income	
Diagnosis		Drug Allergies	

Client Physician Information

Dr. Name

Dr. Address

City

State

Zip

Phone #

Fax #



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Name:

Date:

Medications