



Contact us:

Local: 704-536-1790

Toll Free: 866-331-1348

Email: info@medassist.org

www.medassist.org

Application Checklist

1. _____ **Application** Completed and **signed** by you.
2. _____ **Original Prescription** No bottles, lists, copies, or transfers please. Call your doctor to have them e-scribe or fax(704-536-9812) prescriptions directly to our pharmacy. Please any mail hard copies.
3. _____ **Proof of Residency** Any document with **your name and current address**. Examples include: State ID (driver's license), utility or medical bill, lease, food stamp letter, Medicaid Denial, Medicare Denial, or any government issued letter.
4. _____ **Proof of Current Income or No Income** Examples include (Please include **income of spouse** if married):
All income documents must be dated within **the last 60 days**.
 - If working a **job**, a month's worth of consecutive pay stubs (4 pay stubs if paid weekly, 2 if paid bi-weekly or 1 if paid monthly). If you cannot access your pay stubs, complete an **Income Verification Form**. W-2s not accepted.
 - If you are receiving **VA benefits, workers comp, or short term disability**, we need a current year statement.
 - If you receive **retirement/Pension income**, we need a statement for the current year.
 - If you receive **Social Security**, we need a **current year statement**. If you receive **Social Security Disability**, we also need a "**Notice of Award**" (1099 not accepted).
 - If you receive **child support**, we need a statement with current amount received in the last month.
 - If you are receiving **unemployment benefits**, we need proof of Employment Security Commission unemployment benefits.
 - If you are **paid in cash**, please complete the **Self-Employment Form**.
 - If you are **self-employed** or receive other taxable income, please attach the **Schedule C, D, E, and F** along with your tax return and **Schedule 1**.
 - If you are **not currently working**, you will need to have the person who is providing you with support (such as room and board, bills) sign the **Letter of Support** enclosed in the application.
 - If you are in a **shelter or a residential program**, we need a letter stating you live there or are in a program.
 - If you are **homeless and/or move from place to place**, please have your health provider write a letter of no income or please complete a **Zero Income Statement**. Non-working spouses must also complete this form.
 - If you have recently lost your income due to COVID-19, you can complete the **COVID-19 Income Loss Form**.
5. _____ **Proof of Tax Filing if you file taxes** Examples include (1040 or 1040EZ)
 - **1040** If you filed taxes, **please provide the 1040** from your federal income tax return. Please include your spouse's return if you are married. W-2s not accepted. **Please sign and date your tax return**.
 - We are not able to accept tax summary documents, we must have a copy of the actual 1040 tax form.

To download the application and any supporting documents that you may need, please call us or visit our website at www.medassist.org and click on "Enroll." Please submit all requested documents to one of the following:

MAIL or in person: 4428 Taggart Creek Rd, Suite 101, Charlotte, NC 28208 | **FAX:** 704-536-9865