

HOMETOWN



Hometown Pharmacy Specialty Services
Specialty Pharmacy
3200 New Columbia Road, Campbellsville, KY 42718
STAY WELL WITH US
Phone: 270-937-9008 | Fax: 270-937-9009
www.hometownspecialtypharmacy.com

Financial Hardship Assistance Application

This form is intended to help us understand your financial situation and determine your eligibility for hardship support. Please complete all sections. All information will remain confidential.

SECTION 1: PATIENT INFORMATION

Full Name:

Date of Birth (MM/DD/YYYY):

Address:

City, State, ZIP Code:

Phone Number:

Email Address:

Insurance Provider (if any):

Policy/Member Number:

SECTION 2: FINANCIAL STATUS

Number of people in household:

Monthly Household Income (gross):

Source(s) of Income:

Do you receive Medicaid or other public assistance? (Yes/No):

Do you currently receive help from any co-pay assistance programs or foundations? (Yes/No):

If yes, please list:

SECTION 3: CERTIFICATION & AUTHORIZATION

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that this information will be used solely for the purpose of determining eligibility for the Financial

Hardship Assistance Program. I authorize Hometown Pharmacy Specialty Services to verify this information, including contacting third parties if necessary.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

SECTION 4: FOR PHARMACY USE ONLY

Application Reviewed By: _____ Date: _____

Approved: Yes ____ No ____

Reason for Denial (if applicable): _____

Review Notes: _____