

Mt. Rogers Medication Assistance Program (MAP)

Thank you for your interest in the Mt. Rogers Medication Assistance Program. The following items are required when submitting an application:

- **Proof of all household income**
 - This can consist of a tax return of the current year, a month's worth of pay stubs for the current month (2 if you are paid bi-weekly or 4 if you are paid weekly), social security benefits letter of current year, or unemployment statement letter
 - If you did not file taxes for the current year, you will need to fill out the 4506-T form within this application.
 - It is your responsibility to promptly report any household income or insurance changes
- **Copy of photo ID**
- **Copy of insurance cards (if applicable)**

Eligibility is determined by the manufacturers that provide requested medications. Not all medications prescribed are offered on this program and there are no guarantees on qualifying for assistance. If your medications are available and you qualify for assistance, **it may take 4-8 weeks or longer for you to initially receive your medications**. In order to help us know when to reorder your medications, please let us know when you receive medications at home or from your outside (non-SVCHS) provider.

- This program is a service to patients and medications received are from pharmaceutical manufacturer patient assistance programs.
- If you fail to let us know when you are running low on your medications or your medications are delayed, we **WILL NOT BE HELD RESPONSIBLE**. It will be your responsibility to consult with your health care provider to find an alternative source until your medication arrives.
- **If your health care provider is an outside (non-SVCHS) provider**, they will contact you once your medication arrives. If you are unsure of the status of your medication, please call your provider's office to make sure it is not at their office. If it is not, reach out to the MAP office and we will check with the pharmaceutical company regarding your medication status.

Non-SVCHS Prescriber Patients:

Connie Eastridge, Patient Services Representative (MAP)
Meadowview Community Health Center: PO Box 297, Meadowview VA 24361
Phone: 276-944-3999, ext. 1112, Fax: 276-944-1078

SVCHS Prescriber Patients:

Contact your site's Pharmacy Services Coordinator
Bristol Community Health Center: Phone: 276-591-5803, Fax: 276-591-3677
Meadowview Community Health Center: Phone: 276-944-3999, Fax: 276-944-3882
Saltville Community Health Center: Phone: 276-496-4492, Fax: 276-496-5923
Tazewell Community Health Center: Phone: 276-979-9798, Fax: 276-979-9798

MT. ROGERS MEDICATION ASSISTANCE PROGRAM APPLICATION

APPLICANT INFORMATION									
Last Name		First		M.I.					
Social Security Number				Date of Birth					
Address									
City		State		ZIP					
County			E-mail Address						
Home Phone			Cell Phone						
Gender			Marital status						
Racial or Ethnic Group	American Indian/Alaskan	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>			
	Hispanic/Latino	<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>	Other	<input type="checkbox"/>			
Employment Status									
Do you have any health insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes what type? (Please provide copy of card)				
Do you have prescription Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes what type? (Please provide copy of card)				
NAME AND AGE OF OTHERS IN YOUR HOUSEHOLD									
Name				Relationship	Age				
Name				Relationship	Age				
Name				Relationship	Age				
Name				Relationship	Age				
Name				Relationship	Age				
Name				Relationship	Age				
HOUSEHOLD INCOME									
<i>Please provide document of each source of Income listed.</i>									
Salary/Wages									
Social Security Benefits									
SSI/SSD									
VA Benefits									
Pension									
Unemployment									
Other									

INSURANCE INFORMATION

If you have ANY form of health insurance, please provide us with a copy of your insurance cards.

INSURANCE:				
Do you have health insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the insurance through your current employer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your insurance have prescription drug coverage?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you been denied a prior authorization for your medications?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

MEDICAID:				
Have you applied for Medicaid?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, what is the current status of your application?	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Denied
	<input type="checkbox"/>	Pending	<input type="checkbox"/>	Have not applied
Do you plan on applying for Medicaid	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	Already applied		
If you have Medicaid, have you been denied a prior authorization for your medications?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

MEDICARE:				
Do you have Medicare?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, what coverage do you currently have?				
<input type="checkbox"/> Part A (Hospital)	<input type="checkbox"/> Part B (Medical)	<input type="checkbox"/> Part C (Medicare Advantage)	<input type="checkbox"/> Part D (Prescription)	
If you have Part D, are you currently in the "Donut Hole" or coverage gap?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, how much have you spent out of pocket on prescriptions?	\$_____			
If you do have Part D and are currently in the "Donut Hole"/coverage gap , please provide us with the additional documentations with this application:				
<p>*Printout from your pharmacy showing how much you have spent out of pocket for the year (you can ask your pharmacist for this)</p> <p>*Explanation of Benefits (EOB) from your insurance company showing that you have reached the coverage gap.</p>				

MEDICAL INFORMATION	
Physician Name	
Name of Practice/Clinic	
Physician's Mailing Address	
City, State, Zip	
Phone	

PLEASE LIST ALL MEDICATIONS YOU ARE REQUESTING <i>(A prescription must be provided for each requested medication)</i>		
Medication	Strength	Dosage
Allergies		

PLEASE COMPLETE THE FOLLOWING PAGE ONLY IF YOU DID NOT FILE INCOME TAXES FOR THE PREVIOUS YEAR.

IF YOU DID FILE TAXES, YOU MUST SUBMIT A COPY WITH THIS APPLICATION.

Request for Transcript of Tax Return

OMB No. 1545-1872

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Signature (see instructions)	Date
Sign Here ▶ Title (if line 1a above is a corporation, partnership, estate, or trust)	
Spouse's signature	Date

Phone number of taxpayer on line 1a or 2a

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604

Delaware, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
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Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
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Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
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You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Disclaimer and Signature

I, _____, understand that assistance is being provided to me as a courtesy and privilege by SVCHS and the pharmaceutical companies enrolled in this program. The medication can only be ordered with a valid prescription from a health care provider. I also understand that the purpose of this program is to provide medication for individuals who have no prescription drug coverage, are underinsured, and/or meet the programs' financial criteria. I agree that all information given is true. I understand that it is my responsibility to notify my advocate of any changes in my income or insurance coverage.

I, _____, understand that it is my responsibility to notify my advocate should I receive any of the medication at my home or should I receive it from my health care provider's office. I also understand that it is my responsibility to pick up my medications in a timely manner. I assume all the responsibility for problems that could arise due to lack of medication and understand that it is not the responsibility of the physicians or the advocate should I run out of medication. I understand that it is my responsibility to purchase my medication from a pharmacy should I run out.

All of my questions have been answered and I agree to all of the above.

Signature

Date

Signature Permission Form

I give permission for the employees of SVCHS to release my information to pharmaceutical companies in order to assist me in obtaining needed medications. I also give permission to share this information with my physicians or other health care providers in order to obtain prescriptions for my medications. This permission will be valid until withdrawn by me in writing.

Signature

Date

Signature Waiver

I certify that the information I have supplied SVCHS is accurate to the best of my knowledge. I hereby authorize the designated Patient Advocates of the Mt. Rogers Medication Assistance Program to sign my name on the necessary pharmaceutical form(s) that may be required for ordering my medications.

Signature

Date

Printed Name: