



RED RIVER REMEDY
COMPASSIONATE CARE PROGRAM APPLICATION

INSTRUCTIONS

- 1. Please check box of appropriate program that you are applying for.**
- 2. Please sign where indicated on page containing the program you are applying for.**
- 3. We must receive appropriate documentation that you qualify for the Compassionate Care Program.**
- 4. Why do you Need to Provide this information?
*In order to verify that patients meet the qualifications for the Compassionate Care Plan and we are in compliance with our licensure.***

Please complete and return the following information to our staff in person or
Email contact@redriverremedy.com

RRR Internal Review Date of Review _____ Determination _____ Employee Signature _____	Denied Qualification Reason _____ _____ _____
--	--



VETERAN DISCOUNT

Red River Remedy is proud to support our service men and woman. To qualify for the compassionate care program, the patient must provide the following items: current Military ID, Form DD-214 or Veterans ID.

DISABILITY DISCOUNT

If you receive a Social Security Benefit for a disability or have a doctor's note showing your inability to work due to a disability, you may qualify for a discount. Please note, if you have a handicap license this DOES NOT qualify for a disability discount.

SENIOR DISCOUNT

Seniors, those who are 65 and older, must provide a valid state ID to qualify for the program.

TERMINALLY ILL

To qualify for the terminally ill discount, the qualified patient must present a doctor's note or similar verification.

****Please note we will be able to provide discounts to some Medicare/Medicaid recipients if they meet income/age/disability requirements.

I certify that all of the above information is true and correct. I understand that this information is to be used to determine eligibility for the discount program provided by Red River Remedy. If the information is found to be fraudulent or false, I understand that I will be removed from the Compassionate Care Program and not receive any further discounts. Red River Remedy reserves the right to change, cancel, terminate or amend any discount of the compassionate care program at any time.

Applicants Signature _____

Date _____



FINANCIAL NEED

Red River Remedy will provide discounts for those qualifying for financial assistance. Financial assistance is based on the Federal Poverty Line (FPL) and will be given on a case by case basis for those who earn up to 200% of FPL. **The current 2019 FPL guidelines for a Family of 4 is \$25,750.** In addition to the form below, verification of all income sources must be submitted with this application. Acceptable forms of verification include, most recent tax return, prior month paycheck stubs from employer, unemployment statement from Social Security, Assistance Agencies, etc. Please Contact us with any questions.

	CURRENT MONTH	LAST 12 MONTHS
Total Income		
TOTAL		

TOTAL NUMBER OF RELATED PERSONS IN YOUR HOUSEHOLD

I certify that all of the above information is true and correct. I understand that this information is to be used to determine eligibility for the discount program provided by Red River Remedy. If the information is found to be fraudulent or false, I understand that I will be removed from the Compassionate Care Program and not receive any further discounts. Red River Remedy reserves the right to change, cancel, terminate or amend any discount of the compassionate care program at any time.

Applicants Signature _____

Date _____