

PRESCRIPTION
Relief



The \$7 Prescription Relief Program

2004

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A revolutionary approach to prescription medication coverage.

- Prescription Relief programs offer access to more than 1,700 prescription medications from more than 140 pharmaceutical companies, to people with low to moderate income, including seniors.
- Individuals have not been able to take advantage of this opportunity because of the complicated paperwork and administrative procedures required for them and their doctor.
- Qualified individuals, including seniors, are able to obtain generic and brand name prescription medications for \$7.00 per prescription, per month.
- Qualifications include annual income level, insurance coverage, no Medicaid coverage, availability of prescription medication and other factors.

We look forward to partnering with you to deliver a comprehensive prescription program for those people with low to moderate income.

1.866.DRUG.686

1.866.378.4686

www.prescriptionrelief.org

Corporate Headquarters

5555 Glendon Court
Dublin, Ohio 43016

Crisis/Solution



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The Crisis

- People with low income, including seniors, are having to choose between prescription medications and food.
- One in four Americans make less than \$18,800 per year.
- 34.8 million Americans lived in poverty in 2002, which is 12.4 percent of the United States population.
- Multiple prescription medications can cost hundreds of dollars per month.
- For example, a 90 day supply of:
Pravachol – 40mg – 90-day supply = \$332.99
Celebrex – 200mg – 90-day supply = \$427.98

Total \$760.97

Costs vary widely by retailer, these examples are from Drugstore.com.

The Solution

- Prescription Relief works directly with each pharmaceutical company's charitable assistance group to obtain prescription medications for each person enrolled in the \$7.00 Prescription Relief Program.
- If qualified, each person will typically receive prescription medications in 90 day supplies.
- Participants can add new medications at any time, each for only \$7.00 per prescription, per month.

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Helping low income individuals qualify for available brand and generic prescriptions.

Program Costs

- The Prescription Relief program costs \$7.00 per prescription, per month.
- There is a \$25 application fee for the first year which includes income verification and processing fees, the following years the fee is reduced to \$20. *These fees are typically paid by the government agency.*
- Initial processing of applications and delivery of prescription medications takes between 8-10 weeks. After that time, Prescription Relief manages the process for refilling the prescriptions, with the goal to maintain continual prescription medication coverage.

Qualifications

- Do not participate in Medicaid.
- Income level can be up to \$16,000/year for a single person and \$25,000/year for a couple.
- Do not have prescription insurance coverage, but may have health insurance. HMO participants do qualify.
- All medication must be FDA approved.

These are average figures, some pharmaceutical companies' requirements may be higher or lower.

Benefits

- No age limit. This is not a discount card. This is not an insurance product.
- We personally complete all paperwork for the client/patient, doctor and pharmaceutical company.
- We work personally with each doctor to assist our client's in receiving their prescriptions. Trained patient advocates are available toll-free to answer all questions regarding the program.

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Fulfillment

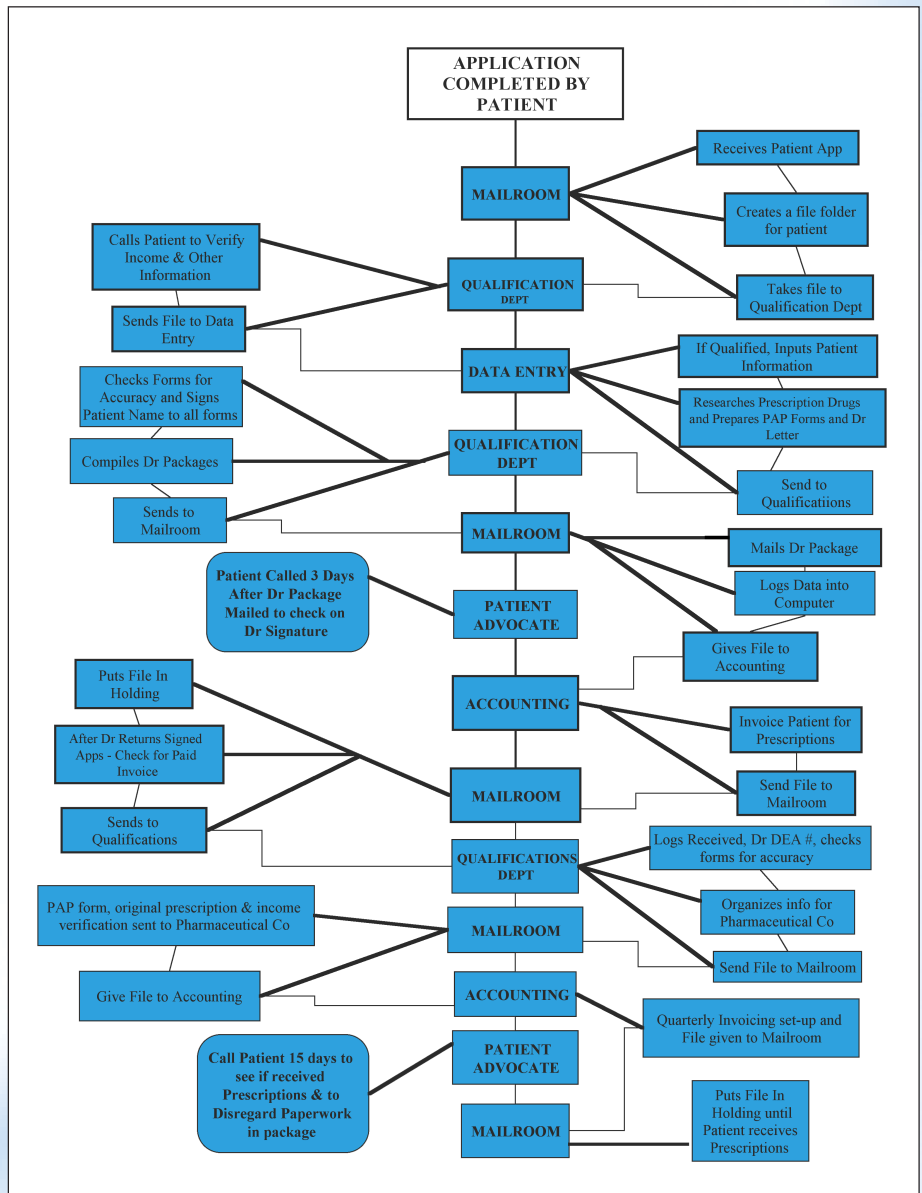


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Prescription Relief's Fulfillment Process Procedural Flowchart.



Simplify the Process



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New applicants complete a concise one page form, Prescription Relief does the rest.

PRESCRIPTION RELIEF PATIENT APPLICATION
 PRESCRIPTION RELIEF • PO BOX 182852 • COLUMBUS OHIO 43218-2852
A \$25 Application Fee is required and must be included with this application.
 The Prescription Relief Program costs \$7.00 per prescription per month.
 A \$20 Re-application Fee is required annually starting year two.

Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: () _____
 SSN: _____ DOB: / / _____ Marital Status: _____
 US Citizen: Yes No Veteran: Yes No Gender: Male Female
 Employment Status: Retired Unemployed Full-time Part-time
 Alternate Contact: _____ All Contact Phone: () _____

Doctors Names – only list doctors that prescribe medications for you.

Doctor 1: _____ Doctor 2: _____
 Facility Name: _____ Facility Name: _____
 Address: _____ Address: _____
 City: _____ City: _____
 State: _____ Zip: _____ State: _____ Zip: _____
 Office Phone: () _____ Office Phone: () _____

Doctor 1 or 2	Brand	Strength	Frequency

Total Monthly Prescription Costs: _____
 Do you have any insurance coverage that pays for all or part of your prescription medication? Yes No
 (Private insurance, Medicaid, Medicare supplemental, VA medical benefits, AIDS drug assistance, state or local programs)

Monthly Household Income – Proof of income from all sources must be attached, see back for details.

Salary/Wages: \$ _____ Unemployment: \$ _____ Alimony: \$ _____
 SS Retirement: \$ _____ Pension/Retirement: \$ _____ Child Support: \$ _____
 SS Disability: \$ _____ Interest/Annuity/IRA: \$ _____ Other: \$ _____

Household Size: _____ If you have ever applied for financial assistance before, have you been denied? Yes No N/A
 Patient Allergies: _____

PLEASE COMPLETE REVERSE SIDE OF APPLICATION *** Accounting Use Only ***

Check Money Order Credit Card Check State Other _____
 Processor Initials: _____ Check Deposit Date: _____ Written by: _____

SEND BACK TO US IN THE POSTAGE-PAID ENVELOPE
COPIES OF INCOME VERIFICATION (CHECK ALL THAT APPLY)

- Are you currently employed? Yes No **If yes, include a copy of your Supporting Wage & Tax Statement (W-2/1099).**
- Were you employed last year? Yes No **If yes, include a copy of your most recent Federal Income Tax Return.**
- Are you unemployed? Yes No **If yes, include a copy of your most recent Unemployment Check Statement.**
- Are you retired? Yes No **If yes, include a copy of your most recent Social Security Benefit Verification Statement (SSA 1099) and your most recent Federal Income Tax Return.**
- Do you receive disability? Yes No **If yes, include a copy of your most recent monthly Disability Check Verification Statement.**
- Do you have a Pension or Retirement Plan? Yes No **If yes, include a copy of your most recent Dividend & Distributions Statement (1099-DIV).**
- Do you receive interest from an interest-bearing account? Yes No **If yes, include a copy of your most recent Income Interest Statement (1099-INT).**
- Do you receive Alimony or Child Support? Yes No **If yes, include copies of checks.**
- Do you receive income from rental property? Yes No **If yes, include copies of checks.**
- If you have health insurance coverage please include copies of the front and back of your insurance card.

Medical Benefits Coverage (Check all that Apply)

Medicare Private Insurance State Elderly Drug
 Medicare Supplement AIDS Drug Assistance VA Medical Benefits
 Medicaid State Children's Health Uninsured
 Other: Describe: _____

If you require any assistance in completing this Application or have any questions regarding the program, please call toll-free 1-866-DRUG-686 (1-866-378-4686). You can also visit our website at www.prescriptionrelief.org.

I authorize Prescription Relief through its employees and/or agents, to act on my behalf and sign forms on my behalf related to applications for prescription assistance programs by giving Prescription Relief a limited power of attorney for this specific purpose only. I understand that this authorization can be revoked at any time by me by providing written notification of this revocation to Prescription Relief.

I authorize my physician's office to discuss/release medical information to Prescription Relief relating to my application(s) for the prescription assistance program(s) that Prescription Relief is processing on my behalf. I understand that my physician's office may rely upon this authorization until they receive a written revocation of this authorization.

I understand that Prescription Relief does not prescribe, purchase, sell or dispense prescription medication of any kind in its efforts to successfully process my application(s) for prescription assistance program(s). I also understand that it is each individual pharmaceutical company, not Prescription Relief, which makes the final decision as to whether I qualify for their prescription assistance program. I understand that Prescription Relief reserves the right to rescind, revoke, or amend their Prescription Relief Program at any time.

DO NOT DELAY TAKING REQUIRED PRESCRIPTION MEDICATION WHILE YOU WAIT FOR PRESCRIPTION RELIEF TO PROCESS YOUR APPLICATION AS THE APPROVAL PROCESS CAN TAKE UP TO EIGHT WEEKS IF YOUR APPLICATION IS APPROVED. PRESCRIPTION RELIEF IS NOT RESPONSIBLE FOR ANY ADVERSE HEALTH CONSEQUENCES THAT MAY RESULT DUE TO A DECISION TO DELAY TAKING REQUIRED PRESCRIPTION MEDICATION IN RELIANCE UPON OUR PROGRAM.

\$25 Application fee enclosed Check Money Order

Signature: _____ Date: _____

Important Information: You may qualify for the Prescription Relief Program if you: Have NO insurance prescription coverage. Have a yearly gross income of \$16,000 or less for an individual, or \$25,000 or less as a couple. Do NOT participate in Medicaid. Require FDA approved medications only. A discount prescription card does NOT disqualify you from the Prescription Relief Program.

Simplify the Process (cont.)



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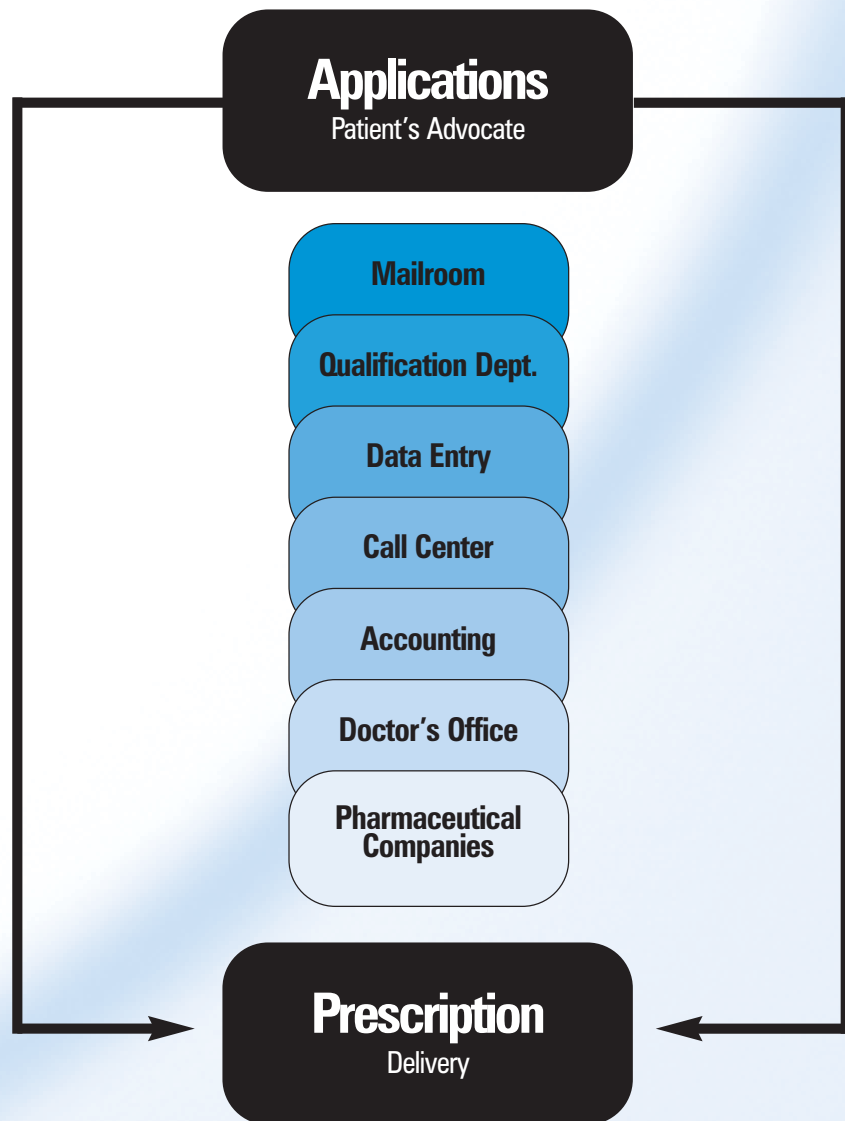
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Infrastructure

- Prescription Relief's systems and operational infrastructure simplify the prescription fulfillment process, managing all the paperwork, so the program participants may receive continual prescription medication coverage.



Success Stories



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The Ohio Rehabilitation Services Commission

- 300 ORSC Counselors provided "benefits counseling" to nearly 44,000 Ohio residents in 2003, and part of their offering in 2004 is the Prescription Relief Program.
- "...It [the Prescription Relief Program] makes a huge difference in their lives..."

— *Dr. June Gutterman*
ORSC Director
Bureau of Vocational Rehabilitation

Oakland County's \$7.00 Prescription Relief Program

- "This will revolutionize prescription coverage for the working poor," Oakland County Executive L. Brooks Patterson said Tuesday. "There's nothing like it in the area, there's nothing like this in Michigan."
- "Oakland County has private labeled the program."

— *L. Brooks Patterson*
Oakland County Executive
as quoted in The Daily Oakland Press

Ohio Developmental Disabilities Council

- FOR IMMEDIATE RELEASE

May 21, 2004

Committee Lauds Prescription Program

At its May meeting, the Health Committee of The Ohio Developmental Disabilities Council (ODDC) learned about a new prescription drug program

Success Stories (cont.)



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that provides valuable assistance for low-income people, who are not on Medicaid and do not have prescription drug coverage. The Health Committee was excited about what this program might mean to people with disabilities who often are impoverished.

Prescription Relief.org offers a program that makes it easy and affordable for people earning less than \$16,000 per year (\$25,000 a couple) to receive the prescription drugs they need for a minimal charge of \$7.00 per prescription, per month.

There is also an initial \$25.00 case management and application fee that is reduced to \$20.00 per year after the first year. Once a person has completed the one page application form and enrolled, a three-month supply of the medication ordered will be sent to the person's doctor's office for pick up.

Afterwards, Prescription Relief.org stays in contact with the patient, manages the extensive paperwork, tracks refills and – when necessary – communicates with doctors to ensure medication accuracy.

*– David Zwyer
Ohio Developmental Disabilities Council
1-800-766-7426*

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Our prescription for success.

■ Our Vision

At Prescription Relief, our vision is to be a world-class prescription provider, delivering exceptional quality and value to our customers.

■ Our Mission

To our customers, we strive to build long-term relationships by consistently delivering best-in-class products and providing customer service that exceeds customer expectations. **To our associates**, we are dedicated to providing an open, team-oriented environment that rewards high quality customer service, creativity, innovation and dedication and provides opportunities for continuing professional and personal growth.

■ Our Culture

As a company in a changing industry, we think differently than other businesses. We think young. We move faster and are more aggressive. We attack opportunities when we see them, realizing the greatest risk in business is not taking risks. We know that competition can come from anywhere at any time, and that customer expectations will always change. To maintain our competitive edge, Prescription Relief will operate with less bureaucracy and more energy. Our fast pace energizes us, helping us find opportunities within challenges. Maybe that's why the people who are successful at Prescription Relief are having so much fun. We hope that the personal satisfaction we gain from our work extends to all aspects of our lives and communities.

■ Our Core Values

People are our greatest asset. We recognize associates for their positive attitude, efforts, and results. Leadership and excellence in performance are sought and rewarded. **Service**, knowledge and professionalism should exceed both internal and external customer expectations. **Creativity** is central to who we are and what we do. By promoting creativity, our associates are rewarded with interesting work and our customers get the best results. **Quality** drives everything we do and is every associate's responsibility. Quality is achieved through continuous improvement as we seek to be the best. **Enthusiasm** creates momentum and inspiration to achieve our goals. We think and act positively and with a sense of urgency. **Respect** is vital to our open, team-oriented environment. We treat others in the manner we wish to be treated. **Integrity** and sense of fairness guide every business decision we make. **Teamwork** and contribution is critical to our success. From our internal associates to our external customers and partners, we work together to promote responsibility and quality to achieve our goals.

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Contact the leader in low income prescription medication coverage.

■ **Doug Pierce**
Sales Director

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doug@prescriptionrelief.org [email](#)

■ **Corporate Headquarters**

5555 Glendon Court Dublin, Ohio 43016

■ **Mailing Address**

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