



**Do you need help
paying for your
medications?**



**You may be eligible to
receive
free
*Prescriptions.***

Contact:
**THE
PHARMACY
CENTRAL
PROGRAM**

(703) 680-7950, ext. 3124

(A Program of Northern Virginia Family Service)



Located in :
**The Greater Prince
William Community
Health Center**
4379 Ridgewood Center Dr.,
Suite 102
Woodbridge, VA 22192



**Northern Virginia
Family Service**

**THE
PHARMACY
CENTRAL
PROGRAM**

*You may be eligible
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free
Prescriptions.*



THE PHARMACY CENTRAL PROGRAM

*Are you eligible to receive
free medications?*

You might be eligible if you
are....

- **An individual with low-to moderate income who lives in the Virginia area.**
- **Uninsured or underinsured.**
- **An individual with Medicare Part A and B only.**
- **An individual without prescription drug coverage.**

Please be advised that our Health Specialists are not medical personnel, and that any specific medical questions or health concerns need to be discussed with your physician or pharmacist .

The PHARMACY CENTRAL PROGRAM

Located in:

*The Greater Prince William
Community Health Center*

How the program works:

- 1. Patients referred by the Greater Prince William Community Health Center, CSB, Health Departments, ADAP programs and private doctors facilities.**
- 2. The NVFS Health Specialist completes an intake with the patient to determine his/her eligibility to receive free medications.**
- 3. Immediate and on-going prescription needs are assessed and a plan is developed to address those needs.**
- 4. The NVFS Health Specialist completes applications to pharmaceutical manufacturers on behalf qualified individuals in need.**
- 5. Medications will be delivered to your doctor's office within 4-6 weeks after the enrollment process.**
- 6. Patients will receive 3 months supply of medication upon doctor's approval.**

Patient

Responsibilities:

What to bring with you.....

- **Photo ID**
- **Health Insurance Card**
(Medicare Part A and B)
- **Proof of Household Income**
- **Original written prescriptions**
- **List of all medications that you are requesting assistance in obtaining.**

