

KAWEAH HEALTH

Med Assist Referral Form



Dear Doctor,

Your patient has been identified as possibly qualifying for the KH Medication Assistance Program. This program assesses a patient's income and qualifying factors for assistance (in line with the current Kaweah Health Medical Clinic-Willow Financial Assistance Program). If awarded, your patient could qualify for co-payment assistance for certain medications.

By signing the referral, you are agreeing to have clinical pharmacists at the Willow Specialty Clinic see your patient and co-manage the disease states for which the patient is receiving high cost medications. The clinical pharmacist will adjust, continue, or interchange the medications based on the patients' clinical status and the KH Med Assist Formulary (available upon request). Any changes to your patient's medications will be communicated back to you. Prescriptions will be sent to the Kaweah Health Retail Pharmacy to qualify and be filled at a reduced co-payment. In order to qualify for continued savings and reduced co-payments, future refills or dose adjustments on these medications must continue to come from the Kaweah Health Medical Clinic-Willow.

- **Please note: only patients at <200% of the Federal Poverty Level will qualify for full assistance**
- **Documentation will be required**
- **Depending on insurance, your patient may be billed for a pharmacist visit at the Kaweah Health Medical Clinic-Willow**

Patient Name:		DOB:	
Patient Address:		Patient Phone Number:	
PCP:	Fax:	Phone:	

Physician Signature:	Date:
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*****This sheet constitutes a REFERRAL to have your patient seen at Kaweah Health Medical Clinic-Willow*****

Please fax this sheet along with the following:

- ☐ Most recent PROGRESS NOTE ☐ Most recent LAB WORK
☐ Accurate and updated MEDICATION LIST