



**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. 120,124***

*(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**

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

