

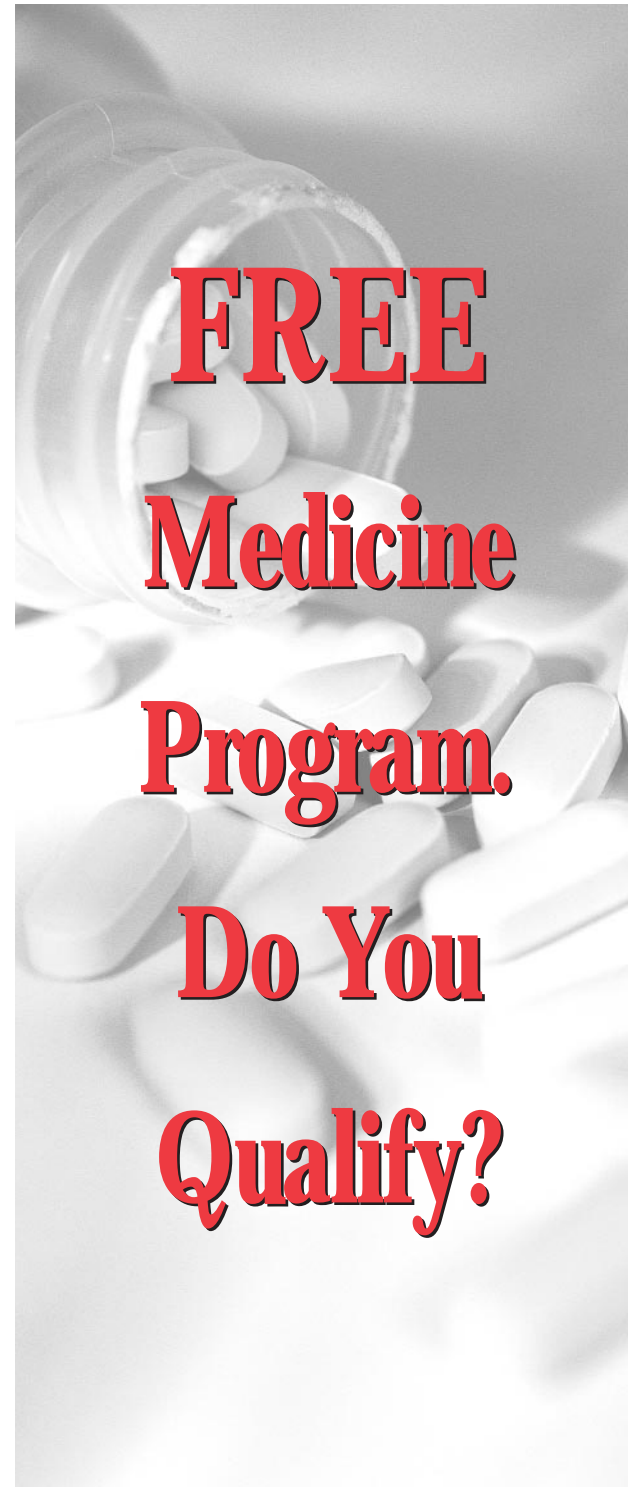
Our Promise to You

While we cannot absolutely guarantee your approval, we do promise you to work diligently on your behalf, to obtain the assistance you deserve. Our team of volunteers is committed to providing you with the assistance necessary to obtain Free prescription medicines. Our track record speaks for itself, and we look forward to adding your name to our long list of successes!

If you know someone else who may benefit from this program, please pass the information on to him or her. And if you have any questions, comments or suggestions for the Free Medicine Program team, do not hesitate to contact us at (800) 921-0072 or visit us on the internet at www.freemedicineprogram.com.

To begin the application process now, simply fill out and mail to us the required items on your Medicine Information Form.

For more brochures, please call (800) 921-0072.



If you're seeking relief from the rising costs of prescription medicines, look no further. **Established by volunteers, Free Medicine Program can provide you with the assistance you need, and the help you deserve.**

Our dedication to assisting individuals who have no insurance and can't afford to purchase their medicines has brought us great success in this area, and has resulted in substantial savings on monthly prescription drug bills for countless families nationwide.

Perhaps like you, the majority of our applicants have too much income to qualify for government prescription assistance, but not enough to purchase private prescription drug insurance coverage, or are living on retirement income, disability or other assistance.

None of this should disqualify you from obtaining the assistance you need to purchase your medicines, and at the Free Medicine Program, it doesn't!

Many drug manufacturers sponsor what's called Patient Assistance Programs. These programs are intended to help those who can't afford their prescription drugs obtain them absolutely FREE!

This includes people that are uninsured, or whose insurance does not cover prescription drugs, unemployed, or whose employer does not provide health insurance and seniors who don't have prescription drug coverage under Medicare.



Unfortunately, most people, including qualified doctors, nurses, social workers, and other health professionals, are not aware that these programs even exist.

The ever-changing requirements and the application process to qualify for patient assistance program(s) are tedious, confusing and very time-consuming.

We, at Free Medicine Program, cut through the red tape by actually assisting you in applying for enrollment in patient assistance program(s), and with the cooperation of your physician you can obtain prescription medicine(s) free of charge.

In 2001 alone, these programs have **helped an estimated 3.1 million patients fill more than 10 million prescriptions with an estimated value \$ 1.5 billion!***

Our goal at the Free Medicine Program is to:

- **Find** the appropriate Patient Assistance Program(s) for you.
- **Provide** you with the latest, most complete and accurate application information.
- **Simplify** the rules, guidelines and procedures.
- **Expedite** the submission process, by preparing your customized submission package.
- **Guide** and assist you in your application process.

*According to the data from Pharmaceutical Manufacturers of America.

Most drug manufacturers help people in financial need, regardless of their age. However, in order to qualify you need to meet the following basic requirements:

- You do not currently have insurance coverage for outpatient prescription medicines.
- Your income is at a level that causes hardship when prescription medicines are purchased at retail price.
- You do not qualify for a government or third party program that provides for prescription medicine coverage.

Keep in mind that sponsor's individual's income criteria vary with family incomes ranging from below the poverty level to up to \$ 60,000!

Those applicants normally qualifying at the highest income limits are generally MS, AIDS, transplant or cancer patients in need of very expensive drugs.

Once you're ready to apply for the Free Medicine Program, **all you need to do is to fill out, sign and return a Medication Information Form in this brochure.**

As soon as we receive this information, we get right to work for you! We will immediately process the information you have sent us, and send you a **customized information package, prepared specifically to your individual needs.**

In your personalized package, you will find a letter to your physician. Because the assistance of your doctor will have significant bearing on your acceptance in the program, we strongly suggest you talk with your physician about the patient assistance program right away.

Also in the personalized package, you will find a few quick, easy-to-follow steps to be taken by you and your physician necessary to proceed with the application process. Upon completion of these, the application(s) are sent to the appropriate drug

manufacturer(s), and considered for approval.

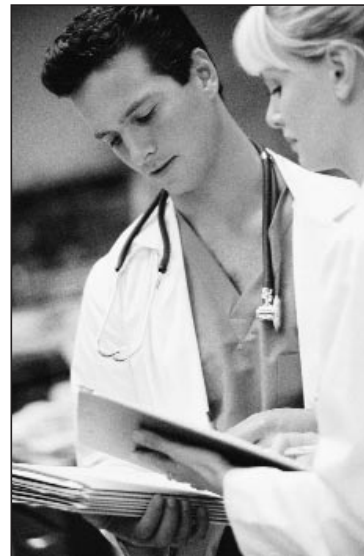
The good news is that once approved, your **free prescription medicines are generally sent to you in just two to three weeks!**

Because of our groundbreaking work in this area, physicians nationwide are currently distributing Free Medicine Program brochures to their patients. In fact, even the U.S. government social security offices have brochures available for their constituents.

While the funds necessary to distribute this information and support the Free Medicine Program are obtained through a one-time processing fee of \$5, contributed by each applicant, the money is refunded if we are unable to find you assistance in obtaining your prescription medicines free, or at a significantly reduced cost.

Guarantee

If you receive no medication and are determined to be ineligible for Patient Assistance Program(s) by all applicable drug manufacturers, we will gladly **refund you a full application-processing fee, no questions asked.** All we need from you is a copy of the letter sent to you from the applicable prescription drug manufacturer(s) explaining why you are ineligible. Keep in mind; all refund requests must be made in writing within 90 days after the original application is made to the Free Medicine Program.



FREE Medicine Program Medicine Information Form

Please PRINT, complete and mail this form along with a \$5 processing fee for Each medication requested to: Free Medicine Program, PO BOX 630217, Miami, FL 33163-0217. If you have any questions, please call 800-921-0072. Please Type or Print clearly:

Patient's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: (if available) _____

Name of your Medicine	Doctor's Name & Address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Number of medications _____ x \$5 each = Amount Due \$ _____

Please make checks payable to "Free Medicine Program"

NO application(s) can be processed without the appropriate fee enclosed.