



Dispensary of Hope
A program of Knox County Health Department
140 Dameron Avenue
Knoxville, Tennessee 37917
Ph. (865) 215-5141 Fax (865) 215-5143
www.knoxcounty.org/health/dispensary_of_hope or
www.dispensaryofhope.org
Monday-Friday: 8-11 a.m., noon-4:30 p.m.

Please be sure that form is completely filled out for accurate service to the patient and provider.

Patient's Name: _____ DOB: _____ SSN: _____-_____-_____

Patient Phone: _____

Doctor's Name: _____ Name of Practice: _____

Phone: _____ Fax: _____ Office Contact Person: _____

Is Patient a **legal** resident of Knox County? Yes No (Note: Only Knox County Citizens are eligible.)

Does patient currently have **any** prescription insurance coverage? Y N (Note: Only uninsured residents are eligible.)

Is Patient eligible for any private or public insurance at this time? Y N

If yes, please explain why insurance was not taken: _____

Income Information

To find out if a patient meets the income guidelines for the Dispensary of Hope, find the size of their family, and see if their monthly income falls within the range listed below. If so, continue with the referral.

Financial Guidelines for Eligibility:

# In Family	Monthly income BELOW
1	\$1805
2	\$2428
3	\$3052
4	\$3675

*For each additional family member add \$623.00

The patient MUST bring the following items to the Dispensary of Hope in order to fill prescription (s):

- Driver's License or Photo ID
- Piece of mail with patient name and current address on it to prove living in Knox County
- Income Information to include all that apply:
 - Statement showing social security, disability, retirement benefits, food stamp letter;
 - Pay check stubs or tax return (1099 or W-2 are also accepted);
 - Any other document the patient may think is relevant to their financial situation.

****PLEASE NOTE THAT PATIENT WILL NEED TO BRING PRESCRIPTIONS TO DISPENSARY OF HOPE IN ORDER TO RECEIVE MEDICATIONS.**

****PRESCRIPTION AVAILABILITY IS BASED ON SAMPLE MEDICATIONS IN STOCK.**

SIGNATURE OF REFERRING PROVIDER

DATE

To Make Referral: Please fax a copy of this referral to 865.215.5143 OR give a copy of the referral to the patient to bring with them.

*Thank you for supporting the Dispensary of Hope with referrals.
To continue your support by donating samples, please call (865) 215-5141.*