



DIOCESE OF WHEELING-CHARLESTON

Drug Financial Assistance Form

This form is used by Envoy Benefits Solutions to research any available financial assistance or cost reduction associated with your drug(s) by the manufacturer. There is no implied guarantee that your drug(s) will be eligible for financial assistance. Please provide the information below and email to info@envoybenefits.com or fax to 877-340-0290 ATTN: Specialty Drugs

Name: _____

Email Address: _____

Telephone Number: _____

Best Method of Contact (Circle): Email Phone Both

Drug 1: _____

Drug 2: _____

Drug 3: _____

Drug 4: _____

Drug 5: _____

Note (Optional):

Direct any questions to Envoy Benefits Solutions at 877-289-7010 or info@envoybenefits.com.