

Medication & Dental Assistance

Client Information Needed

1515 Provident Drive, Suite 170, Warsaw, IN 46580

Phone: 574/372-3604; Fax: 574/372-3619

Website: MedicationAndDental.com; Email: medassist@medicationanddental.com

Office Hours (**appointments preferred**): Mon-Thurs 8:30a-4:30p & Fri 8:30a-12:00p

Emergency Medication and Medical Supply Voucher

- Residence or doctor's office must be in Kosciusko County
- Picture ID and proof of address
- Proof of family income

Long-Term Assistance Program

- Residence or doctor's office must be in Kosciusko County
- Picture ID and proof of address
- Proof of family income
- Most recent tax return; 1040 Filed; 1099 SSA
- Insurance & Medicare cards (front & back)
- Pharmacy out of pocket printout or Insurance EOB (pharmacy expenses)

Dental Assistance/Kids Smile Kosciusko

- Residence must be in Kosciusko County
- Picture ID and proof of address
- Proof of family income
- Proof of Free or Reduced Price Lunch (Kids Smile/minors only)
- \$10.00 application fee (Dental Assistance only)
- Best chance for appointments (no guarantees): 8:30 AM Mondays-Thursdays

SHIP Counseling

- Picture ID
- Insurance & Medicare cards
- Medication List; Name, Dosage, Quantity
- Medicare.Gov Username & Password Log-in, if applicable

Documentation Explanations

- Picture ID & Proof of Address** – If your license or other picture ID does not list your current living address, bring in a piece of mail that has your name and current living address
- Proof of Family Income** – Income includes, but is not limited to:
 - Most recent paycheck stub(s)
 - Child support docket
 - Current SS benefit statement/award letter
 - Bank statement showing the following direct deposits:
 - Social Security
 - US Treasury
 - Child support
 - Most recent tax return
 - Unemployment statement
 - Pension/Retirement statement