



APPLICATION

Printed name of Applicant

Date of Birth of Applicant

Street Address (to mail ID card)

(____)_____
Phone Number

City, State, Zip Code (to mail ID card)

Male (____) Female (____)

X_____
Signature of eligible applicant, or Authorized Representative

Date

Printed name of Authorized Representative
(if applicable)

Where did you hear about this program? (Check as many as apply)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio	<input type="checkbox"/> Television	<input type="checkbox"/> Friends/Family
<input type="checkbox"/> OPDP website	<input type="checkbox"/> School or college	<input type="checkbox"/> Employer	<input type="checkbox"/> State Agency
<input type="checkbox"/> Hospitals/clinics	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Tri-Met	<input type="checkbox"/> AARP
<input type="checkbox"/> Insurance company	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Soc Services	<input type="checkbox"/> Faith-based org

One Application per Applicant. Mail applications to:

Oregon Prescription Drug Program
c/o The ODS Companies
Attn: Billing & Eligibility
601 SW 2nd Ave.
Portland, OR 97204-9747

ASSISTANCE WITH FORM

If you need help filling out this application, or if you do not read English, or if you have vision impairment, and need an alternate format that will meet your needs please call 1-800-913-4146.

ANSWERS TO FREQUENTLY ASKED QUESTIONS

- ◆ There is no cost to join the program.
- ◆ No additional paperwork is required to join the program.
- ◆ Each person may enroll in the program by either filling out this application, enrolling at www.opdp.org, or by calling 1-800-913-4146.
- ◆ A parent may enroll a dependent child by either filling out this application, enrolling at www.opdp.org, or by calling 1-800-913-4146.
- ◆ A guardian/personal representative/attorney-in-fact may enroll a person in their charge by either filling out this application, enrolling at www.opdp.org, or by calling 1-800-913-4146.
- ◆ I.D. cards are mailed within 1 week after your application is received at The ODS Companies.
- ◆ Take your I.D. card to one of the pharmacies listed on the brochure enclosed with your I.D. card (or view the pharmacy list on our website at www.OPDP.org). Or you may call 800-913-4284. You will receive a percentage discount depending on the drug. The greatest discount will be on generic drugs.
- ◆ Enrolling in Medicare Part D will not disqualify you from enrolling in this program.
- ◆ If you have Medicare Part D coverage, you may use your OPDP card during the times you pay 100% out of your pocket, like during the time when you are meeting your deductible or during the a “donut hole”. Keep your receipts and mail them to your Part D Plan so they can be applied toward your Medicare out-of-pocket expenses.
- ◆ View our Frequently Asked Question (FAQ) document on our website for more answers to your questions at www.OPDP.org.
- ◆ For more information on applying for an OPDP card, call 1-800-913-4146.

