Welvista
121 Greystone Blvd.
Columbia, SC 29210
803-933-9183
www.medicationassistancepharmacy.org

MAP
Medication Assistance
PHARMACY
A WELVISTA PROGRAM

Dear Applicant,

The Medication Assistance Pharmacy (MAP) through Welvista, is a non-profit mail-order pharmacy and is completely FREE to qualifying South Carolina residents. There is no fee to apply and no charge for any medications you receive from us.

To participate in our program, complete and submit the enclosed application and required documents (highlighted below) to the Medication Assistance Pharmacy. Eligibility requirements, detailed instructions, and acceptable proof of income are included. **Your application will be returned to you if any of the highlighted items below are not included:**

1. **Application:** complete ALL sections. Make sure you complete the INSURANCE and MEDICATION ALLERGIES sections of the application.

2. **Proof of Address:** a copy of your driver's license, state ID card, utility bill, or other mail with your name and street address listed on the application (not a PO Box).

3. **Photo ID:** a copy of your driver's license, state ID card, or passport. If you don't have one? Call us.

4. **Proof of Income for Everyone in your Household:** We consider your household to be everyone who lives together under the same roof. If no one in your household has any income, complete a "No Income" form (call us or scan below). The completed No Income Form must indicate how you pay for housing, food, and utilities.

5. **Prescriptions**: If your doctor gave you paper prescriptions, the originals must be mailed (not faxed) to Welvista's Medication Assistance Pharmacy.

You have four ways to submit your application and supporting documents:

- Apply **ONLINE** at www.medicationassistancepharmacy.org
- **MAIL** to Welvista 121 Greystone Blvd Columbia, SC 29210
- **SCAN** and **EMAIL** to applications@welvista.org
- **FAX** to 803-254-0892

Sincerely,

Medication Assistance Pharmacy Patient Services

Scan for forms and more info.

Name

First Name | Middle | Last Name

Date of Birth

Month | Day | Year

Social Security Number

Gender

Male ☐ Nonbinary ☐
Female ☐

Preferred Language

English ☐
Spanish ☐

Address (where you receive mail)

Street Name

City | State | Postal Code

Address (where you live, if different)

Street Name

City | State | Postal Code

Are you a legal resident of South Carolina

☐ Yes ☐ No

County You Live In

Number of people who live in your home including yourself:

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

Do you have:

☐ Health Insurance/Affordable Care Act ☐ Medicare ☐ Medicaid ☐ VA Health Benefits
☐ Family Planning Medicaid ☐ I do not have any medical health insurance

Race

☐ Not Specified ☐ Black or African American
☐ White ☐ American Indian or Alaska Native
☐ Asian ☐ Other: _____

Ethnicity

☐ Unknown ☐ Not Hispanic or Latino
☐ Hispanic or Latino ☐ Other: _____

Opt-In for Text Messaging

I consent to receive automated SMS text and/or telephone message notifications regarding:

- My enrollment status, my prescriptions and care, including notifications from MAP pharmacy, and changes to Welvista's policies. ☐ Yes ☐ No
- Marketing messages and updates regarding Welvista's services. ☐ Yes ☐ No

Email

Phone

Cell Phone

Alternative Phone

Doctor/Clinic/Healthcare Provider

Name

Phone Number

List all medications you are allergic to. If no allergies, write NONE

How did you hear about us?

☐ Doctor/Clinic ☐ Medicaid
☐ Event
☐ Social Media
☐ Advertisement TV/Billboard/Radio

Did you lose your Marketplace/ACA coverage in 2026?

☐ Yes ☐ No

Agreement / Disclosure / Release

I attest that the above information is complete and accurate. By my signature below, I authorize the release of the information about me and my medical condition to Welvista and/or its agents. I authorize Welvista and/or its agents to use and disclose such information for the assessment of my eligibility for and enrollment into the Welvista program. Additionally, I agree that at any time during my enrollment, Welvista may request additional documentation to authenticate the statements made on my application. I will notify Welvista if I become eligible for Medicare, Medicaid, other health insurance, VA Health Benefits, or if there is a change in my finanical status or my mailing address changes. I also acknowledge I have received Welvista's Notice of Privacy Practices Statement.

Signature of Applicant | Date

Welvista — Hope and wellness for the uninsured.

MAP Medication Assistance PHARMACY

121 Greystone Blvd.
Columbia, SC 29210
PH: 803-933-9183
Fax: 803-254-0892
applications@welvista.org

For more information about our Notice of Privacy Practices scan this QR code or visit **https://bit.ly/WelvistaPrivacy**

SCAN HERE

DOCTOR / CLINIC USE ONLY

Doctor/Clinic/Healthcare Provider Name

Hospital Name

Access Health Group

WELVISTA USE ONLY

List of all household income, gross monthly amounts

Salary/Wages	
Disability	
Alimony/Child Support	
Social Security	
Pension/Retirement	
Unemployment/Work Comp	
	Total Gross Household Monthly Income

Approved/Denied By

MR # **Keyed By**

Plan ID **AC Health**

Patient Advocate **SCT** **DOC**

Approval Date **Expiration Date**

Facility **FP#**

Welvista
121 Greystone Blvd.
Columbia, SC 29210
803-933-9183
www.welvista.org

MEDICATION ASSISTANCE PHARMACY APPLICATION INSTRUCTIONS

Enrollment is for up to (1) year. Once approved, you will be eligible for any medications on our current medication list. Medications are shipped from our pharmacy in Columbia to the mailing address listed on your application. Prescriptions are filled for a 90 day supply whenever possible. Allow 2-3 weeks to process your application.

To Qualify, You:

- ✓ Must be a legal resident of South Carolina.
- ✓ Cannot have Medicare, Medicaid (except Family Planning/Healthy Connections Checkup), VA Health Benefits, Private Health Insurance, or the Affordable Care Act.
- ✓ Household income must be at or below 300% of the Federal Poverty Level. Refer to this chart. →

Return completed application with supporting documents to:

Welvista, 121 Greystone Blvd. Columbia, SC 29210

2026 HHS Federal Poverty Guidelines**

**Gross income before taxes and/or any deductions

Persons in Family or Household	Monthly Gross Income	Yearly Gross Income
1	$3,990	$47,880
2	$5,410	$64,920
3	$6,830	$81,960
4	$8,250	$99,000
5	$9,670	$116,040
6	$11,090	$133,080
7	$12,510	$150,120
8	$13,930	$167,160
For each additional person, add:	$1,420	$17,040

Supporting Documents:

1. **Proof of Physical Address** - provide proof of where you live (street address you listed on the application)
2. **Photo ID** - A copy of your driver's license, state ID card, or passport. Call us if you don't have a photo ID. 803-933-9183 x 400
3. **Proof of Income** - Submit proof of ***ALL*** income for each person in your home who receives income. *See examples of proofs of income and attach ALL that apply for each person in your home who receives income.*

Examples of Proof of Income

Job

-Send 2 current consecutive pay stubs no older than 45 days with no weeks missing in between, showing you/your household's GROSS income (with any deductions listed), not NET. *We cannot accept copies of checks or bank statements.*

-You may instead send a signed and dated letter from you/your household's employer stating what work is done, if there are any deductions from pay, the GROSS rate of pay, and the number of hours worked for the last 2 weeks. You may send a completed copy of our Employer Statement of Income form.

Commission - Please send 1 month of documentation stating commission earnings.

Odd jobs/work for family, friends or neighbors - Send a signed and dated letter from those you/your household do work for stating what work is done, and the monthly income.

Self-employed - Send your/your household's most recent Federal 1040 tax return and the Schedule 1 and Schedule C-Business Profit or Loss worksheet or you may send a completed copy of our Self Declaration of Income Form. Call the Medication Assistance Pharmacy if you need this form.

Unemployment - Send Unemployment Benefit Statement showing the weekly amount received as well as the benefit-year-end date (BYE). It must be clear you are currently receiving benefits. *We cannot accept copies of checks*.

Social Security Retirement/Social Security Disability- Send the Social Security New Benefit Amount letter showing MONTHLY amount received for the CURRENT year. If you are the person applying and you receive social security disability, you must also send your NOTICE OF AWARD or entitlement letter from Social Security that shows the month and year you became entitled to disability. You must be within the first two years of disability when you do not qualify for Medicare. *We cannot accept copies of checks or bank statements.*

Other Retirement/Pension/Annuity- Send the current benefit statement showing the monthly amount received with any deductions OR a copy of form 1099. *We cannot accept copies of checks or bank statements.*

Child Support/Alimony -Send a copy of a current statement from the clerk of court or a copy of the entire divorce decree stating amount received and how often.

No Income - If no one in your home has any income, submit a fully completed No Income Form. We need to know how you are paying for your housing, food, and utilities. Call the Medication Assistance Pharmacy if you need this form.

Pharmacy Quick Facts

- Ask your doctor to write your prescriptions for 90 days.
- It takes up to 10 days to get your medicine. This starts when we get your refill request and ends when you receive it.
- Notify the Medication Assistance Pharmacy immediately if your address changes. We cannot reship medications sent to the wrong address.
- You must call for refills each time. Refills are not automatic. Refill your prescription 10 days before you run out. The label on your prescription says: Please call for refill on xx/xx/xxxx.
- How to request refills:
  - Call 803-933-9184
  - Use the RxLocal app
  - Text 803-658-1344
- Have prescriptions at another pharmacy? We can transfer them. Call 803-933-9183 or text 803-658-1344 with the pharmacy name and phone number and the names of the medications you want to transfer.
- Your doctor can send prescriptions to the Medication Assistance Pharmacy at Welvista electronically, by fax, or phone call. It is illegal for anyone other than your doctor's office to call or fax prescriptions! If your doctor gives you a paper prescription, mail it to:

Welvista
Medication Assistance
Pharmacy
121 Greystone Blvd.
Columbia, SC 29210-8002

- When you are approved for MAP you will receive a pharmacy information card to keep in your wallet. Bring this card with you to your doctor visits or the Emergency Room. It has a QR code to our current medication list or visit https://www.welvista.org/providers
- The Medication Assistance Pharmacy does not stock controlled substance medications.
- You will receive a renewal notice two months before your current application expires.
- If you have any questions or concerns, call us at 803-933-9183 or text us at 803-658-1344

121 Greystone Blvd.
Columbia, SC 29210
PH: 803-933-9183
Fax: 803-254-0892

MAP | Medication Assistance PHARMACY
A WELVISTA PROGRAM

What we cover:

We offer **300+ prescription and over-the-counter medications*** for many common health conditions, including:

- Heart health including blood pressure, cholesterol, and heart failure
- Blood Thinners
- Diabetes including insulin and testing supplies
- Asthma/COPD including inhalers
- Seizure Disorders
- Behavioral and Mental Health
- Pain, Arthritis and Gout
- Stomach and Digestive Issues
- Infections including topical options
- Allergies including nasal sprays
- Sleep and Anxiety
- Headaches and Migraines
- Women and Men's Health
- Vitamins and Supplements
- Other Common Needs: ear and eye drops, immunosuppressants, smoking cessation, osteoporosis **and more**!

**Over-the-counter medications do require a prescription to be dispensed.*

For our complete medication list, scan the QR code below or visit www.medicationassistancepharmacy.org

Questions? We're Here to Help

Don't see what you're looking for? Wondering if we carry your medication(s)? Have any questions about our program?

Call us at (803)933-9184 or text us at (803) 658-1344

We look forward to serving you and helping you stay healthy!