

To submit a Medical Benefit Claim, please follow the instructions below:

- 1 Fill out this form in its entirety.
- 2 Obtain an Explanation of Benefits (EOB) from the insurance company. A detailed EOB includes insurance carrier name, name of the plan, patient's responsibilities, date of service and drug code broken out by name, J-code or National Drug Code (NDC). If EOB does not contain this detail, you can submit a provider's bill or claim form that contains this information instead.
- 3 Submit this form and the EOB or provider's bill to **MIR@atnaconsult.com**.
See reverse side for Terms & Conditions.

Patient Information

Patient Name (Last, First)	Gender	DOB
Address 1	Address 2	
City	State	ZIP

Prescriber Information

Prescriber Name (Last, First)	NPI No.	
Address 1	Address 2	
City	State	ZIP
Phone	Fax	

Insurance Information

Medical Insurance Provider	Insurance Provider Phone No.
Member ID	Group
Subscriber Name	Subscriber Relationship
Prescription Insurance Provider Rx BIN	PCN
Rx Member ID	Rx Group

Please visit www.vibativ.com for full prescribing information,
including boxed warning.

Check Request

Reimbursement Payable to:	Payee Name (Last, First)	
Address 1	Address 2	
City	State	ZIP
Amount Requested	Signature	Date

For inquiries regarding the patient's remaining annual benefit balance, please contact
MIR@atnaconsult.com.

Terms & Conditions

By using this coupon, you and your pharmacist understand and agree to comply with these terms and conditions. You also consent to the use and disclosure of necessary information by a third-party vendor for the purpose of administering and fulfilling this coupon. Coupon not valid for prescriptions reimbursed in whole or in part under Medicaid, Medicare (including Medicare Advantage and Part D prescription drug plans), or any other federal or state program (including state pharmaceutical assistance programs) or where prohibited, taxed, or otherwise restricted. This coupon is not insurance. Offer may not be combined with any other rebate, coupon, free trial or similar offer. Coupon has no cash value. No cash back. It is a violation of Federal law for a Pharmacy, Physician, or employee of Cumberland Pharmaceuticals to knowingly violate this program's business rules and may instigate an immediate claims reversal. The selling, purchasing, trading or counterfeiting of this coupon is prohibited by law. Offer good only in the USA at participating retail pharmacies and cannot be redeemed at government-subsidized clinics. This coupon may be used for each new or retherapy day prescription. Cumberland Pharmaceuticals reserves the right to rescind, revoke or amend this offer without notice.

Pharmacist Instructions

Please dispense Vibativ at up to \$135 off the patient's out-of-pocket expense per therapy day. Patient is responsible for the first \$0 and any co-pay amount above their maximum savings benefit of \$135. Maximum annual benefit \$1,200. Caregiver and/or patient should follow instructions above and below for submission of this claim if Vibativ is covered by the patient's medical insurance benefit.

Email **MIR@atnaconsult.com** or call the help desk at **1-919-460-9644** for questions.

Please visit www.vibativ.com for full prescribing information, including boxed warning.

