

Co-Pay Assistance Program

Medical Benefit Claim



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

- Fill out this form in its entirety.
- 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.
- 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 1

City

State

ZIP

Prescriber Information

Prescriber Name (Last, First)

NPI No.

Address 1

Address 2

City

State

ZIP

Phone

Fax

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

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

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 Apotex 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 U.S. at participating retail pharmacies and cannot be redeemed at government-subsidized clinics. Apotex reserves the right to rescind, revoke or amend this offer without notice.

Pharmacist Instructions

Please apply the Vibativ Co-Pay Program toward the eligible patient's out-of-pocket expense. Patient is responsible for the first \$0 and any out-of-pocket amount exceeding the maximum annual savings benefit of \$2,000. 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.