Daiichi-Sankyo | access central

A single source for support

injectafer® ferric carboxymaltose injection

INJECTAFER SAVINGS PROGRAM
CHECK REQUEST FORM

INSTRUCTIONS

- Complete all required fields
- Print the form
- Obtain patient signature
- Fax the following to 1-888-257-4673:
  - ✔ **Completed form**
  - ✔ **Explanation of Benefits (EOB)**
  - ✔ **CMS1500 form**
  - ✔ **Itemized physician receipt**

The EOB provided must include the name of the insurance company, date of service, product name/J-code, and patient responsibility amount.

DAIICHI SANKYO ACCESS CENTRAL

1-866-4-DSI-NOW (1-866-437-4669)

www.DSIAccessCentral.com

Please check one box:

☐ Patient (check will be made payable to Patient Name and mailed to Patient Mailing Address)

☐ Practice/Physician (check will be made payable to Practice Name and mailed to Practice Mailing Address)

Patient Name:

Patient Mailing Address:

Patient Telephone Number: ___ - ___ - ____ **Date of Service:** __ - __ - ____

Injectafer Card ID: INJ **Amount Requested:** $

Physician Name: **Physician Telephone Number:** ___ - ___ - ____

This section should only be completed if the check is being mailed to a Physician or Practice.

Physician or Practice Name:

Mailing Address:

Patient Signature (or Authorized Representative):

_____ **Date:** __ - __ - ____

Terms and Conditions: 1. This offer is valid for commercially insured patients. Uninsured and cash-paying patients are NOT eligible for this Program. **2.** Depending on insurance coverage, eligible insured patients may pay no more than $50 per dose for two courses of treatment per 12-month period and up to a maximum savings limit of $500 per dose, a $1,000 program limit per course of treatment. Check with your pharmacist or healthcare provider for your copay discount. Patient out-of-pocket expense may vary. **3.** This offer is not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs, or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or medical or prescription drug benefit program for retirees. **4.** This offer is valid for 2 courses or 4 doses of the 750mg dose of the Injectafer Prescription. An explanation of benefits statement and a CMS1500 or equivalent documentation must be faxed, uploaded in the portal or mailed in prior to transacting on the account numbers for co-pay assistance. One enrollment is allowed per 12-month period. **5.** Daiichi Sankyo, Inc. reserves the right to rescind, revoke or amend this offer without notice. Offer good only in the USA, including Puerto Rico, at participating pharmacies or healthcare providers. **6.** Void if prohibited by law, taxed, or restricted. **7.** This account number is not transferable. The selling, purchasing, trading, or counterfeiting of this account number is prohibited by law. **8.** This account number is not insurance. **9.** By redeeming this account number, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer. **10.** Qualified patients receiving Injectafer will be allowed a 120-day retroactive enrollment period to receive benefits under the program rules. **11.** Offer is invalid for claims or transactions more than 180-days from the date of service.

Program managed by ConnectiveRx on behalf of Daiichi Sankyo, Inc. This program may be amended or terminated at any time without notice. Product dispensed only pursuant to program rules and federal and state laws. This is not insurance.

Confidentiality Notice: This form transmission is intended only for the addressee shown above. It may contain information that is privileged, confidential or otherwise protected from disclosure. Any review, dissemination or use of this transmission or any of its contents by persons other than the addressee is strictly prohibited. If you received this fax in error, please call us immediately upon receipt for instructions. Thank you for your cooperation.

Daiichi-Sankyo

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