



# Fensolvi TotalSolutions Co-pay Assistance Form

Customer Service: 1-866-FENSOLVI (336-7658)

Fax Form to: (412)-520-3442

Email Form to: FensolviTotalSolutionsCopay@connectiverx.com

**Patients and caregivers, in collaboration with their healthcare provider, should complete this form in order to receive co-pay reimbursement.**

- Please allow up to 14 business days for processing, please contact Fensolvi TotalSolutions at 1-866-FENSOLVI (336-7658) for urgent requests.
- Keep a copy of all submitted documents
- Completely fill out form accurately to expedite processing

\*For eligible patients only. Not valid for patients covered under Medicare, Medicaid, Tricare and other federal health care programs. Please review Terms and Conditions on reverse side.

**Please return documents to contact information below**

**Fax documents to 412-520-3442 Attn: Co-pay Assistance; Fensolvi TotalSolutions, 6000 Park Lane, Pittsburgh, PA 15275 or**

**Email to FensolviTotalSolutionsCopay@connectiverx.com**

## PATIENT INFORMATION

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ \*Gender  M  F

\*Address \_\_\_\_\_ Address 2 \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_ \*Phone \_\_\_\_\_

I verify that the information I have provided is true and complete to the best of my knowledge. I provide consent for Tolmar, through Fensolvi TotalSolutions, to share my co-pay assistance information with my healthcare provider or specialty pharmacy. I understand that I may be contacted by Tolmar, my healthcare provider or specialty pharmacy for verification/clarification of benefits.

\*Caregiver First Name \_\_\_\_\_ \*Caregiver Last Name \_\_\_\_\_

\*Caregiver Phone \_\_\_\_\_ \*Caregiver Email \_\_\_\_\_

\*Caregiver Signature \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Caregiver Printed Name: \_\_\_\_\_ \*Relationship to Patient: \_\_\_\_\_

## PRESCRIBER INFORMATION

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_ NPI \_\_\_\_\_

\*Partner Physician ID \_\_\_\_\_ \*Address \_\_\_\_\_ Address 2 \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_ \*Phone \_\_\_\_\_ \*Fax \_\_\_\_\_

## PRIMARY MEDICAL INSURANCE

\*Primary Insurance: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Member ID: \_\_\_\_\_ \*Group ID: \_\_\_\_\_

\*Subscriber: \_\_\_\_\_ \*Relationship: \_\_\_\_\_

## PRIMARY PHARMACY INSURANCE

\*BIN: \_\_\_\_\_ \*PCN: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*ID: \_\_\_\_\_

\*RX Group: \_\_\_\_\_

## SECONDARY MEDICAL INSURANCE

\*Primary Insurance: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Member ID: \_\_\_\_\_ \*Group ID: \_\_\_\_\_

\*Subscriber: \_\_\_\_\_ \*Relationship: \_\_\_\_\_

## SECONDARY PHARMACY INSURANCE

\*BIN: \_\_\_\_\_ \*PCN: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \*ID: \_\_\_\_\_

\*RX Group: \_\_\_\_\_

While every effort is made to provide helpful information, Fensolvi TotalSolutions make no representations about the eligibility or guarantee of coverage or reimbursement for any particular claim. Fensolvi TotalSolutions cannot guarantee success in obtaining third-party insurance reimbursement. Third-party coverage and payment for medical products and services is complex and affected by numerous factors. It is always a provider's responsibility to determine and submit the appropriate codes, charges and modifiers for services that are rendered. Providers should contact third-party payors for specific information on their coding, coverage and payment policies. All coding and claims used by a provider in seeking reimbursement must be accurate, complete, and adequately documented in the applicable patient record. All services must be medically appropriate. You are also responsible for ensuring the security of the transmission of information to Fensolvi TotalSolutions, as well as the security of the information that Fensolvi TotalSolutions have transmitted to you. Fensolvi TotalSolutions shall not be liable for any theft, loss or unauthorized access to or interception of such data.

\*Patient or Caregiver Signature: \_\_\_\_\_ \*Date \_\_\_\_\_



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**FENSOLVI TOTALSOLUTIONS CO-PAY PROGRAM TERMS AND CONDITIONS**

The Fensolvi<sup>®</sup> Co-pay Assistance Program (“Program”) is valid ONLY for patients who are prescribed Fensolvi<sup>®</sup> and are reimbursed exclusively by commercial insurance. This Program is valid only in the United States; but, void where prohibited by law or by the patient’s health insurance provider. This Program is non-transferable, limited to one per person, and cannot be combined with any other coupon, free trial, discount, prescription savings card, or other offer. Restrictions or limits may apply.

Medicare, Medicaid, Tricare and other federal health care program beneficiaries may not participate in this Program. This Program also is neither available for cash paying patients or where your commercial plan reimburses you for the entire cost of your prescription drug. Patients cannot seek reimbursement from health insurance or any third party for any part of the assistance received through this Program. The patient or his/her guardian is responsible for reporting the receipt of all benefits or reimbursement received under the Program to any insurer, health plan, or other third party, as may be required. This Program is not insurance and is not intended as a substitute for insurance. The total assistance under this Program in any calendar year may not exceed \$10,000.

With the Program, you pay as little as \$5 of your co-pay or co-insurance for Fensolvi<sup>®</sup>, per prescription. The remainder of your co-pay or co-insurance is covered, up to a \$10,000 yearly limit. You are responsible for the first \$5 of each co-pay under your insurance coverage. Persons on high co-pay plans may have additional responsibility. You are responsible for all applicable taxes, fees, co-pays and any other balances not covered by the Program. Claims must be submitted to the Program within 180 days of the date of the Explanation of Benefits (EOB) from your primary insurance company. Please allow 10 to 14 business days to receive your rebate.

Participation in the Program requires a valid patient HIPAA authorization. Certain information pertaining to your use of the Program will be shared with Tolmar Pharmaceuticals, Inc. (“Tolmar”), the sponsor of the Program, and its affiliates. The information disclosed will include the date the prescription is filled and the amount of your co-pay that will be paid for by using this Program.

If you live in Massachusetts, the Program expires on the earlier of: (i) the end of the current calendar year, or (ii) the date an AB-rated generic equivalent for Fensolvi<sup>®</sup> becomes available. If you live in California, the Program expires on the earlier of: (i) the end of the current calendar year, or (ii) the date an FDA-approved therapeutically equivalent for Fensolvi<sup>®</sup> or over-the-counter product with the same active ingredients becomes available.

Tolmar reserves the right to terminate, rescind, revoke, or modify this Program at any time without notice. Enrollment in the Program does not guarantee assistance. Program benefits will be determined by Tolmar and are final and not subject to appeal. This Program expires at the end of the current calendar year, at which time you must re-enroll.

Program managed by ConnectiveRx on behalf of Tolmar.