

Mayzent Medical Claim Reimbursement Request Form

IQVIA, Inc. 77 Corporate Dr. Bridgewater, NJ 08807 Attn: Claims Processing Dept.
Tel: 1-800-364-4767 Fax: 1-908-548-9293 Email: claim.support@IQVIA.com

Step 1: To receive reimbursement for your eligible out-of-pocket expenses on claims for qualifying medical services, the following information is required:

<u>MEDICAL SERVICES INFORMATION</u>			
HCP Last Name:		HCP First Name:	
Provider's NPI (Optional):		Copay Card ID Number (if applicable):	
Date of Service:		Requested Reimbursement Amount:	
NDC:		CPT/ICD Code:	

<u>PATIENT INFORMATION</u>			
Last Name:		First Name:	
Address:		City:	
State:		Zip Code:	
DOB:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

Step 2: Fax, Mail, or Email the following documents below. Claims will not be processed without the following:

1. This Completed Form and Signed Certification Statement below
2. Patient Explanation of Benefits (EOB) from Insurance
3. Patient Proof of payment (ex. Credit card statement showing amount paid)
4. Patient Proof of Insurance (ex. front and back of insurance card)

Certification Statement

I certify that (i) the information provided herein is accurate, (ii) the expenses requested for payment are actually incurred and eligible for reimbursement, (iii) the expenses requested for payment have not and will not be paid by the patient's insurance, Health Savings Account, or any other payer, (iv) the patient is not insured in whole or in part under a federal or state healthcare program, including but not limited to Medicare or Medicaid, and (v) I have read and agree to the Terms and Conditions set forth below.

Mayzent Medical Co-pay Benefit Terms & Conditions.

Limitations apply. Valid only for those with private insurance. The program includes Medical reimbursement up to \$900, after a \$125 deductible is paid by the patient. Medical co-pay support offer is for covered initial assessments/examinations and First-Dose Observations (FDO) provided without regard to whether the patient continues on with MAYZENT therapy. Patients are required to report any benefits they receive under the MAYZENT Medical Co-Pay Program to their insurance company. This offer is not valid for prescriptions or medical assessments for which payment may be made in whole or in part under a federal or state health care program, including but not limited to Medicare or Medicaid, or for residents of RI. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

Acknowledged and Agreed: _____ Date: _____

For assistance with this form, contact Mayzent Claim Reimbursement Program at 1-800-364-4767

Please allow 4-6 weeks for processing claims.

