assist
Access Solutions and Support Team

Does your patient need help or have questions about ADCIRCA® (tadalafil) Reimbursement, Prior Authorizations or Financial Assistance Programs?

Call us or fax this form, and one of our Reimbursement Associates will ASSIST.

PHONE – 1-877-864-8437 (1-877-UNITHER) or FAX – 1-800-380-5294

Please check desired option below (you may select more than one):

- ☐ **Benefit Investigation to help ensure your patient obtains the best possible coverage from their insurance plan.**
- ☐ **Prior Authorization assistance.** I request the Reimbursement Associates at ASSIST to assist with the PA process.
- ☐ **Denial/Appeal assistance.** I request the Reimbursement Associates at ASSIST to assist with the appeal process.
- ☐ **Financial Assistance Programs.** ASSIST will review your patient's insurance situation, determine the assistance program(s) that best meets their needs, help resolve issues and manage their case until completion.

Patient's Information: *To expedite processing, please include a copy of the front/back of the insurance card.*

Name: FirstName Last1478851499401
DOB: 2001-03-03 Gender: Male
Street Address: address1478851504693
Diagnosis ICD Code: K76.6
Secondary Diagnosis:
City, State, Zip: city1478851504901, MA, 14788
Current/Concomitant Treatment:
Home Phone: 478-851-5058
Rebif
Medical Insurance Co. Name: Blue Cross Blue Shield
Phone: 111-111-1111
Pharmacy Benefits Co. Name: Pharmacy Benefits
Phone:
Subscriber #: 21931
Person Code: Group #: FLBCS

Physician's Information:

Prescriber Name (Print): Lindsay Goldman
NPI: 6895439888
Prescriber Address: 192 South St
Phone: 6175555555
Boston, MA, 02111
Fax:
Office Contact Name:
E-mail: office@zapprx.com

- ✓ I certify that ADCIRCA® (tadalafil), a United Therapeutics Corporation product is medically necessary for this patient and is for an approved FDA indication (according to the drug package insert), and that I will be supervising the patient's treatment.
- ✓ I certify that I have obtained from my patient all required written authorization for the release of my patient's personal identification, health and insurance information to United Therapeutics Corporation, its agents and contractors, third-party payors, dispensing agents and other organizations involved in the delivery of services provided by ASSIST. I understand this information is necessary in order for the various organizations to: contact the patient; discuss the various available services; determine initial and continuing eligibility for the assistance program(s); administer the program(s) otherwise facilitate reimbursement for the provision of medications' assist the patient in acquiring education and therapy support services; and evaluate effectiveness and patient satisfaction with the services. I further certify that, to the best of my knowledge, the information provided is current, complete and accurate.
- ✓ I understand that application does not guarantee my patient being eligible to receive any service coordinated by or offered through ASSIST, or by United Therapeutics Corporation. I understand and acknowledge that if my patient's financial and/or insurance status changes, the patient may no longer be eligible for certain programs coordinated by or offered by ASSIST, or by or through United Therapeutics Corporation. I agree that I will not submit claims for United Therapeutics Corporation products provided by any of the programs available through ASSIST.
- ✓ I agree that ASSIST may contact me for additional information relating to this application.
- ✓ I understand that representatives from United Therapeutics Corporation ASSIST may contact my patient for additional information relating to this application.
- ✓ I understand that I am under no obligation to prescribe any United Therapeutics Corporation product and that I have not received, nor will receive any benefit from United Therapeutics ASSIST or their agents or representatives for prescribing a United Therapeutics product.

Prescriber's Signature:
Date: 01/03/2017

*United Therapeutics Corporation ASSIST understands your patient's information is private. Any information you provide will only be used by ASSIST and the parties acting on their behalf to administer ASSIST programs and to comply with applicable legal requirements. Please see accompanying important Safety Information and full Prescribing Information.

United Therapeutics CORPORATION