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(Signature of insured or authorized person, patient or parent if minor)

Signature:

I permit a copy of this release to be used in place of the original.

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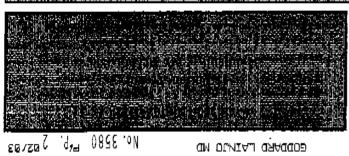
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Date: 10/04/2019 Alt Account E-Chart

Please answer all questions fully

Face Sheet (Scandard)

Oct. 7.2019 12:21PM 8453815229



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Oct. 7.2019 12:21PM 8453815229 11:58:29 AN PAGE 21002 FAX. 3580 FP. 3 83/82

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Date: October 3, 2019

Re: Generatech® Patient Foundation Approval for STANLEY BRANCATO

Dear GODDARD LAINJO,

The Genemberh® Patient Foundation is pleased to inform you that the patient listed above has been approved to receive their RITUXAN free of charge.

As long as free product is available, the patient remains approved from the date of this letter until:

- Therapy is discondinued
- The patient's health insurance of financial status changes, or
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If such changes occur, please notify Genenischa Patient Foundation immediately.

This approval letter should be kept with the billing records for the patient listed above. If you do not menage patient accounts, please help us in forwarding this letter to the appropriate department. As a reminder, a provider provided provided at no cost to a health care provider cannot be billed to the patient or to a payer.

Please do not send any procedure notes, treintment administration records, flow sheets or other medical documents unless we specifically request them, as these will delay processing medication shipments.

Our Foundation Specialises are available to provide information about program guidelines and answer questions that you may have. To reach Generateche Patient Foundation, please call (688) 941-3331, applies Monday through Friday from 6:00 a.m. to 5:00 p.m. PST.

For any inquires specifically related to shipment of a patient's medication, please contact our pharmacy vendor, MedVantx at (633) 588-4363. We will work closely with MedVantx to get your patient the medicine they need, quickly and simply.

Thank you,

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PLAN COVERAGE

This benefit investigation (B) is based on information you provided to Generatech Access Solutions for the purpose of asking payer(s) about your patient's Generatech-Access.com/Rheumatology 885£-188 (888) :x#₹ 1925-189 (888) :**snod9**

reinforsement tates and special billing requirements. Provision of this benefits investigation is not an endorsement of use of prescribing practice. Please check directly with the payer(s) to verify codes. for an "unapproved" use, meaning that the FDA has not approved the efficacy, dosage amount or safety of this medication when used for such a use, section below, however, the benefit investigation and the payer(s) response do not guarantee coverage, reimbursement, or payment at any particular rate for the Product(s). If the indication for which you are prescribing a Generatech product is not listed in the FDA-approved label, you are prescribing the medication eparacon contrar of the Product(s) pelon. This benefit investigation is besed on the payer(s) response as of date(s) specified in the Product Coverage

Tertiary Diagnosis Code: 2861\06\6:3\30\1952 Secondary Diagnosia Code: Patient: Stanley Brancato Primary Diagnosis Code: M06.9 Ргезотрег, GODDARD LAINJO

Primary: Medicare NY: Medicare Part B

BI Obtained Date: 10/09/2019 Product Coverage: Rituxan for Immunology |

Major Medical- Traditional Medicare

Prior authorization is not required.

Buy and bill required.

Secondary: UNITEDHEALTHCARE INC (CORPORATE): Medicare Supplemental

Product Coverage: Rituxan for Immunology |

B) Obtained Date; 10/09/2019 |

Major Medical- Medicare Supplement Plan G

Coordinated benefits are displayed.

Supplement coordination of benefits applies. If the primary denies, this plan will also deny.

Plans C, F, J will consider the Medicare Part B deductible. This plan follows Medicare guidelines. If Medicare denies, this plan will deny.

Plans A, B, D, E, G, H, I, K, M, N will not consider the Medicare Part B deductible.

Prior authorization is not required.

Buy and bill required.

allowed amount for this patient's benefit plan, please contact your payer's provider representative and/or refer to your payer contract. Please note the percentage quoted here is based on the payer's allowed amount or contract rate for this benefit plan, not the billed amount. For details regarding the

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Page Z of 4

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F≢x: (866) 681-3286

PLAN COVERAGE

This benefit investigation (Bi) is based on information you provided to Generisch Access Solutions for the purpose of asking payer(s) about your patient's insurance coverage for the Product(s) below. This benefit investigation is based on the payer(s) response as of date(s) specified in the Product Coverage, section below, however, the benefit investigation and the payer(s) neeponse do not guarantee coverage, reimbursement, or payment at any particular rate for the Product(s). If the indication for which you are prescribing a Generical not listed in the FDA-approved isbel, you are prescribing the medication for which has not approved the efficacy, dosage amount or safety of this medication when used for such a use. Provision of this benefits investigation is not an endorsement of use or prescribing practice. Please check directly with the payer(s) to verify codes, reimbursement rates and special pilling requirements.

Patient DOB: 3/30/1952 Tertiary Diagnosis Code; Patient: Stanley Brancato Secondary Diagnosis Code:

Phone: (866) 681-3261

Prescriber, GODDARD LAINJO Primary Diagnosis Code: M06.9

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Tertiary Diagnosis Code:

Patient DOB: 3/30/1952

88SE-158 (888) :xe4

Primary Diagnosis Code: M06.9

Prescriber: GODDARD LAINJO

Phone: (866) 681-3261 PLAN COVERAGE

This benefit investigation (B)) is based on information you provided to Genericach Access Solutions for the purpose of saking payer(s) about your patient's Genenfech-Access,com/Rheumatology

Secondary Diagnosis Code:

Patient: Stanley Brancato

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Please do not hesitate to call if you have any questions or concerns. Thank You!

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