

TO BE COMPLETED BY THE PATIENT/CAREGIVER

If you have questions, please call 844-484-1234, Monday – Friday, 8 am – 8 pm ET.

Completed by the Patient/Caregiver

STEP 1

PATIENT INFORMATION

Patient Name (First & Last)* **DEVI GOVINDASAMY**

Patient Address* **45 Stark St, United States**

City* **Amlin** State***OHIO** Zip* **43002**

Sex: ☐ Male ☒ Female ☐ Other/Undisclosed

Date of Birth (MM/DD/YY)* **09** / **12** / **1990**

Email (Required if opting in to email) **devi.g@valuehealthsol.com**

Phone #* **2084752488**

Preferred method of contact: ☒ Email ☐ SMS (text) ☐ Phone

☐ Consented by Other

Parent/Legal Guardian Name (First & Last)

Required if patient is under 18 years of age.

Parent/Legal Guardian Contact Phone #

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Required if patient is under 18 years of age.

Relationship to Patient

☒ I authorize to share my personal health information (PHI) and to discuss my case history and treatment plan, including my PHI, with the individual(s) named below for the sole purpose of facilitating my treatment.

STEP 2

INSURANCE INFORMATION

Is patient insured?* ☒ Yes ☐ No

Primary Insurance Co. **HUMANA**

Insurance Co. Phone # (**(208)**) **689 - 8922** -

Subscriber Policy ID # **H0688235**

Policyholder same as patient? ☒ Yes ☐ No

Policyholder Name* **DEVI GOVINDASAMY**

Policyholder Date of Birth (MM/DD/YY) **09** / **12** / **1990**

Journeys Copay Program

Eligible patients using commercial insurance can save on out-of-pocket Ipsen medication costs. [Please see Patient Eligibility & Terms and Conditions.](#)

I attest that I am not enrolled in any health insurance plan from any state or federally funded programs (including, but not limited to, Medicare or Medicaid, VA, DOD, or TRICARE) and agree to the Terms and Conditions of the Copay Program.

☐ Yes ☐ No

☐ I would like Journeys to check my eligibility for, and enroll me into, the Journeys Copay Program if the results of this benefit verification determine that I have commercial or private health insurance.

Patient/Caregiver Section continued on next page.