

Transition of Care Form

A Hospital has completed a Transition of Care Form for a patient of yours

Case#: C-BCBYD2

Isaac Baby110501

The SYNAGIS Connect Support Program has received a Transition of Care (TOC) form.

The purpose of this document is to help facilitate the transition of care of the patient identified by the hospital or specialist as potentially eligible for SYNAGIS® (palivizumab). The completed Transition of Care form is attached.

If you, the healthcare provider, choose to proceed with referring the attached patient for SYNAGIS, please complete the **Universal Enrollment & Prescription Form** located at www.synagishcp.com (Access and Support tab).

Please include the Caregiver/Patient Consent form if not already provided.

If your office prefers not to utilize the SYNAGIS Connect Program, your office can disregard this notice. SYNAGIS Connect will keep your consent on file in the event your office requires reimbursement support. No further outreach will be made by SYNAGIS Connect unless requested by your office.

As a reminder, our hours of operation at SYNAGIS Connect are 8:00 AM to 8:00 PM ET, Monday through Friday. We can be reached at **1-833-SYNAGIS (1-833-796-2447)**.

Sincerely,

SYNAGIS Connect Case Manager

Sobi, Inc. and SYNAGIS Connect do not guarantee coverage or reimbursement for SYNAGIS. Coverage and reimbursement decisions are made by insurance companies following the receipt of claims.

Here is all you need to do to access the enrollment form

1

Open

CoverMyMeds using **go.covermymeds.com/login** and login or create an account.

2

Click

"Enter Key"

3

Enter

Key: FKJ2XK
Patient's Last Name: Baby110501
Patient's Date of Birth: 2020-11-05

4

Complete

the necessary fields and click "Submit."