

<Program Address>

<Program Address>

Phone: <Program Phone>

Fax: <Program Fax>

Fax Transmission			
To:	Acme Clinic, 123 Main St, Edison, NJ 07740	From:	Hemlibra Copay Program
Date:	03/04/2023	Pages:	1

Re: Hemlibra Copay Program Claim Approval

Thank you for participating in the Hemlibra copay program claim submitted on behalf of John Doe, HEM133433, DOB: 01/10/1980 has been approved. Payment for the claim noted below has loaded to the patient's virtual debit card. You may access the patient's debit card information by accessing their record in the secure provider portal.

Please see the payment details below.

Member ID	Patient Name	Patient Date of Birth	Date of Service	Amount Paid
HEM133433	John Doe	01/01/1980	03/01/2023	\$500

If you have questions about the Hemlibra copay program or if there are any changes to the provider, administering provider, insurance coverage, or contact information, please call us at 888-89-9999. We are available Monday–Friday, 9 AM–8 PM EST.

Sincerely,
Hemlibra copay program

Confidentiality Notice: The facsimile transmission and accompanying documents contain information that is confidential or privileged. This information is intended for the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution or the use of the contents of this faxed information is strictly prohibited. If you received this fax in error, please notify us by telephone <Program Phone> to arrange for the return of the original documents to us and the retransmission of them to the intended recipient.