



# Specialty Pharmacy Claim Reimbursement Request Form

BEOVU Program, PO Box 221706, Charlotte, NC 28222

PHONE: 1-888-61-BEOVU (23688)

FAX: 1-800-266-6799

Please complete this form and submit with all required information and attachments to be considered for reimbursement. Subject to combined annual calendar limit of \$12,000. Reimbursement not available (i) for patients covered under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care programs, (ii) where patient is not using insurance coverage at all, (iii) where patient's insurance plan reimburses for the entire cost of the drug, or (iv) where prohibited by law.

**Step 1** To receive payment for the benefit of, and on behalf of, your patient in an amount equal to your eligible patient's out-of-pocket expenses for those claims for medication covered under the medical benefit as "buy-and-bill," the following patient and specialty pharmacy information in **BOLD is REQUIRED**:

## PATIENT INFORMATION

**Patient Last Name:** \_\_\_\_\_ **Patient First Name:** \_\_\_\_\_

**Patient Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Patient Zip Code:** \_\_\_\_\_ **Gender:**  Male  Female

**Dose and Duration/Days Supplied:** \_\_\_\_\_ **Patient Paid Amount (\$):** \_\_\_\_\_

## SPECIALTY PHARMACY INFORMATION

**Pharmacy Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State and Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **NABP/NPI:** \_\_\_\_\_

**Step 2** Please **fax** the following 4 documents along with this completed page to 1-800-266-6799 to complete the process. Payments will **not** be processed without the following items:

- This claim form
- Patient Explanation of Benefits (EOB) Form
- CMS-1500 or CMS-1450/UB-04/UB-92 form
- Copy of the primary insurance card (front and back) (one time only per patient unless change in insurance)

## BEOVU GO™ Terms & Conditions

Limitations apply. Valid only for those with private insurance. The Program may include the Co-pay Card, Payment Card (if applicable), and Rebate, with a combined annual limit up to \$12,000. For patients covered under the medical benefit, rebate for patient's out-of-pocket costs will be assigned directly to provider, unless patient requests direct reimbursement. Patient is responsible for any costs once limit is reached in a calendar year. Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care program, (ii) where patient is not using insurance coverage at all, (iii) where the patient's insurance plan reimburses for the entire cost of the drug, or (iv) where product is not covered by patient's insurance. The value of this Program is exclusively for the benefit of patients and is intended to be credited toward patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles. Program is not valid where prohibited by law. Patient may not seek reimbursement for the value received from this Program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account. Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. Valid only in the United States and Puerto Rico. This Program is not health insurance. Program may not be combined with any third-party rebate, coupon, or offer. Proof of purchase may be required. Novartis reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.

## CERTIFICATION STATEMENT

I certify that the above-referenced patient (i) is not insured under Medicare, Medicaid, TRICARE®, or any other government (state or federally funded) program; and (ii) meets the other eligibility criteria specified herein. I understand that I am liable for any misrepresentations herein to the full extent of applicable law.

**Acknowledged and Agreed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Pharmacist Signature)

**GRP #**

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(This 9-digit # can be found beneath the PCN # on the patient welcome letter.)

**ID #**

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(This 12-digit # can be found beneath the GRP # on the patient welcome letter.)

Please allow 4-6 weeks for processing claims. Successful claims will be processed and paid in the subsequent billing cycle.

