



## Step-by-Step Guide for Requesting a Rebate from the Treatment Administration Rebate Program

### Do you need to submit a rebate request for your infusion with SIMPONI ARIA<sup>®</sup>?

In some cases, you are responsible for paying out-of-pocket (OOP)\* costs for your infusion administration to your treatment provider.

**If you do NOT have an OOP cost responsibility to your treatment provider for your infusion administration, you SHOULD NOT submit a rebate request.**

\*Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductible, co-pay, and co-insurance for covered services, plus all costs for services that aren't covered.

### Not sure if you have an out-of-pocket (OOP) cost for your infusion administration?

- 1 Check your Explanation of Benefits (EOB) from your primary health insurance provider and secondary, if applicable, for the date you received your SIMPONI ARIA<sup>®</sup> infusion. Contact your health insurance provider(s) if you do not have your EOB(s).
  - Is the amount listed under “amount you owe” or “patient responsibility” greater than \$0? If yes, proceed to next step.

**If \$0, you do NOT have an OOP cost responsibility for your infusion administration and you SHOULD NOT submit a rebate request.**

- 2 PAY your treatment provider and obtain a receipt BEFORE submitting a rebate request.

Receipt should include your name, medication (SIMPONI ARIA<sup>®</sup> or J1602 or NDC# 57894-0350-01), treatment date, and amount you paid for your infusion administration.

OR

If you are unable to obtain a receipt or if your receipt does not contain all the above documentation, complete the “Alternate Proof of Payment” section on the Rebate Request Form (next page) with your treatment provider.

After completing steps 1 and 2 above, you are ready to submit a rebate request.

### How to submit a rebate request

- 1 You must be enrolled in the Janssen CarePath Treatment Administration Rebate Program BEFORE submitting a rebate request. You can enroll online at [MyJanssenCarePath.com](https://www.MyJanssenCarePath.com), by calling 877-CarePath (877-227-3728), or by completing and submitting the [Enrollment Form](#).
- 2 Submit a rebate request using one of the following methods:
  - ONLINE at [MyJanssenCarePath.com](https://www.MyJanssenCarePath.com). You DO NOT need to include the Rebate Request Form on the next page UNLESS you are using it to document proof of payment to your treatment provider.

OR

  - By MAIL or FAX. You MUST COMPLETE AND SIGN the Rebate Request Form on the next page.
- 3 You MUST SUBMIT both of the following documents with your rebate request:
  - Explanation of Benefits (EOB) from your primary health insurance provider and secondary, if applicable.

AND

  - Proof of Payment to Treatment Provider showing you paid your treatment provider for your treatment administration (NOT your medication cost).

If you are eligible for a rebate, you will receive a check in about 2-3 weeks.

Please read the full [Prescribing Information](#), including Boxed Warnings, and [Medication Guide](#) for SIMPONI ARIA<sup>®</sup>, and discuss any questions you have with your doctor.



## Treatment Administration Rebate Program Rebate Request Form

Please see previous page for a **Step-By-Step Guide for Requesting a Rebate.**

### Complete this form IF you are:

- Submitting rebate request by MAIL or FAX, **OR**
- Submitting rebate request ONLINE at [MyJanssenCarePath.com](http://MyJanssenCarePath.com) AND are using this form to document proof of payment to your treatment provider.

### Complete the information below. \*Required

The information you provide will only be used by Janssen Biotech, Inc., our affiliates, and our service providers, to provide benefits to you related to your participation in the Janssen CarePath Treatment Administration Rebate Program for SIMPONI ARIA<sup>®</sup>. If you want to stop receiving this information or service, you may withdraw from the program by calling 877-CarePath (877-227-3728). Our [Privacy Policy](#) governs the use of the information you provide.

*Name	E-mail	*Phone	
*11-digit Member ID# (issued with enrollment confirmation)			*Date of Birth (mm/dd/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			
*Address	*City	*State	*ZIP

**You may not seek payment for the value received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account. This program is only for people age 2 or older using commercial or private health insurance for their Janssen treatment. This includes plans from the Health Insurance Marketplace.** This program is not for people who use any state or federal government-funded healthcare program. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration.

**You must meet the program requirements every time you use the program.** Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states. Not valid for residents of MA, MI, MN, or RI. **To use this program, you must follow any health plan requirements, including telling your health plan how much co-payment support you get from this program. By getting a Treatment Administration Rebate Program benefit, you confirm that you have read, understood, and agree to the program requirements on this page. You need to submit a rebate request with an Explanation of Benefits (EOB) and proof of provider payment to get payment under the Treatment Administration Rebate Program.** Offer good only in the United States and its territories, excluding states noted above. Void where prohibited, taxed, or limited by law. REBATE FORM CANNOT BE BOUGHT, TRANSFERRED, OR SOLD. REBATE FORM CANNOT BE COMBINED WITH ANY OTHER OFFER, DISCOUNT, OR FREE TRIAL COVERING TREATMENT ADMINISTRATION.

By signing, dating, and submitting this form, you confirmed that **you have already enrolled in Janssen CarePath Treatment Administration Rebate Program. Janssen CarePath cannot process this rebate form if you are not enrolled in the program.** In addition, you indicate you read, understand, agree, and meet the terms and conditions on this form, as well as the eligibility requirements which were explained to you when you enrolled in the program, which may also be found in the Janssen CarePath Treatment Administration Rebate Program Brochure.

*Patient Signature		*Date	
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### Alternate Proof of Payment (Complete the below section ONLY if you do not have the required receipt noted on the previous page).

**Treatment Provider:** By signing below, you are confirming the patient has paid for their out-of-pocket treatment administration costs and was treated with SIMPONI ARIA<sup>®</sup> (J1602) on the date below.

*Treatment Site Representative Signature	*Print Name	*Date
*Treatment Site Name/Location		*Date of Treatment

### You can submit a Rebate Request Form by MAIL, FAX, or ONLINE (if required):



**Mail:**  
Janssen CarePath  
Treatment Administration Rebate Program  
2250 Perimeter Park Drive, Suite 300  
Morrisville, NC 27560



**Fax:**  
844-678-TARP  
(844-678-8277)



**Online:**  
[MyJanssenCarePath.com](http://MyJanssenCarePath.com)

Complete & submit this form online if treatment site representative signature is required for proof of provider payment.

Please read the full [Prescribing Information](#), including Boxed Warnings, and [Medication Guide](#) for SIMPONI ARIA<sup>®</sup>, and discuss any questions you have with your doctor.

