



EOB Clarification Form

Use this form when the Explanation of Benefits (EOB) statement for the below patient does not indicate that they received STELARA[®] (ie, STELARA[®], J3357, or J3358).

Instructions for Completing and Submitting the EOB Clarification Form

1. Complete the information requested below and sign the form.
2. Visit [JanssenCarePathPortal.com](https://www.janssencarepath.com) to create an account and upload the signed form **or** fax it to 844-250-7193.

Please submit this completed form to ensure your patients receive their rebate promptly.

Provider Name _____

Treatment Location _____ Date _____

In order to determine the patient's rebate, please provide information for the patient's treatment with STELARA[®] and the Date of Treatment, as requested below.

The information you provide will be used by Janssen Biotech, Inc., the maker of STELARA[®], our affiliates, and our service providers, to determine if your patient is eligible to receive benefits related to their participation in the Janssen CarePath Savings Program for STELARA[®]. This information will be used in evaluating a rebate request. By providing this information, you understand and agree that you are doing so at the request of your patient and that the information you provide is accurate. If your patient wants to stop receiving this information or service, they may withdraw from the program by calling 877-CarePath (877-227-3728). Our [Privacy Policy](#) governs the use of the information you provide. By completing and submitting this form, you indicate you read, understand, and agree to these terms.

Patient Name _____ Date of Birth (MM/DD/YYYY) _____

Date of Treatment _____

By signing below, you are confirming that this patient received treatment with STELARA[®] on the date listed above.

Signature _____ Print Name _____

If you have any questions about Janssen CarePath Savings Program, please call 877-CarePath (877-227-3728), Monday–Friday, 8 AM–8 PM ET.

Please see full [Prescribing Information](#) and [Medication Guide](#) for STELARA[®]. Provide the Medication Guide to your patients and encourage discussion.

As a reminder, this program is only available to individuals age 6 or older using commercial or private health insurance for their Janssen medication, including plans available through state and federal healthcare exchanges. This program is not available to individuals who use any state or federal government-funded healthcare program to cover a portion of medication costs, such as Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Administration. Out-of-pocket costs paid by this program may not be submitted as a claim for payment to any third-party payer, pharmaceutical patient assistance foundation, or account such as a Flexible Spending Account (FSA), a Health Savings Account (HSA), or a Health Reimbursement Account (HRA). Your patient's eligibility to receive a Savings Program benefit is subject to meeting the program requirements at the time of each Savings Program request. Program terms will expire at the end of each calendar year. Program subject to change or discontinuation without notice, including in specific states.

As a condition of participating in this program, your patient must ensure compliance with any co-payment disclosure requirements of the patient's insurance carrier or third-party payer, including disclosing to the insurer the amount of co-payment support the patient receives from this program. By receiving a Savings Program benefit, your patient confirms that they have read, understood, and agree to the program requirements shown on this page. You also agree that you are receiving access to information about your patient's Savings Program account to assist in program administration as requested by the patient. You further agree that access to this information will not influence your clinical decisions. The patient is responsible for submitting rebate requests to Janssen CarePath Savings Program or, at the patient's direction, the provider may submit the rebate request on behalf of the patient. Confirm with your patient who will submit rebate requests to the program. This program offer may not be combined with any other coupon, discount, prescription savings card, free trial, or other offer. The selling, purchasing, trading, or counterfeiting of this card is prohibited. Offer good only in the United States and its territories. Void where prohibited, taxed, or otherwise restricted by law.

