



Step-by-Step Guide for Requesting a Rebate from the Pretest Rebate Program

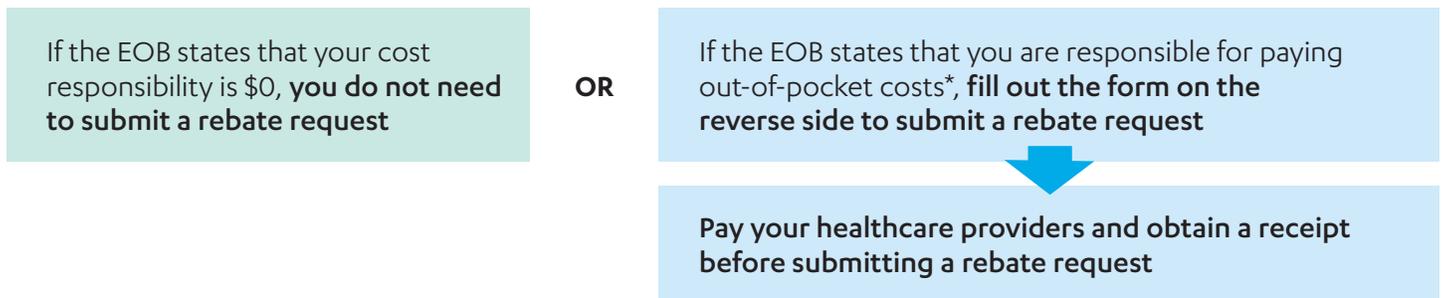
After you've had your pretests for PONVORY™, each healthcare provider, such as a doctor's office or laboratory, will submit a claim to your primary health insurance provider. The claim is for reimbursement of costs to provide the pretests.

- If you have a secondary health insurance provider, your healthcare providers will submit a claim to them as well

One of your healthcare providers would also submit a claim for first dose monitoring, if required.

Your insurance provider responds by sending you and your healthcare providers an Explanation of Benefits, or EOB. The EOB specifies the amount covered and the patient's responsibility.

Check the EOB for the date you received each of your pretests or first dose monitoring for PONVORY™:



*Out-of-pocket costs include deductible, co-pay, and co-insurance for covered services, plus all costs for services that aren't covered by your insurance. Make sure to contact your health insurance provider if you did not receive an EOB. Note: This rebate program does not apply to medication costs.

How to submit a rebate request

- ① You must be enrolled in the Janssen CarePath Pretest Rebate Program before submitting a rebate request. You can enroll online at MyJanssenCarePath.com/Express or by calling 877-CarePath (877-227-3728).
- ② Submit a rebate request by mail or fax. You must complete and sign the Rebate Request Form on the next page. If you need additional Rebate Request Forms, call us or go to JanssenCarePath.com/Ponvory-Pretest-Rebate.
- ③ You must submit both of the following documents with each rebate request:
 - **EOB** for each pretest or first dose monitoring

AND

- **Proof of Payment (receipt)** showing you paid your healthcare provider for your pretests or first dose monitoring
 - Receipt must include:
 - Your name
 - Name of Pretest and CPT Code (CPT code is five numbers that explain the service provided.)
 - Date of Service
 - Amount you paid your healthcare provider for your pretest

Please make sure the CPT code is on your EOB or receipt. If you don't know where to find the CPT code, please call your prescribing doctor or the healthcare provider who gave you the pretest or monitored your first dose, or you can call your Janssen CarePath Care Coordinator for assistance.

If you are eligible for a rebate, you will receive a check in about 2-3 weeks. You will receive a separate check for each pretest or first dose monitoring rebate.

Please read the full [Prescribing Information](#) and [Medication Guide](#) for PONVORY™, and discuss any questions you have with your doctor.



Pretest Rebate Program Rebate Request Form

Complete and submit this form by mail or fax, along with your EOB(s) and proof of payment to your healthcare provider. Please see the previous page for a Step-By-Step Guide for Requesting a Rebate.

Complete the information below. *Required

The information you provide will only be used by Janssen Pharmaceuticals, Inc., our affiliates, and our service providers, to provide benefits to you related to your participation in the Janssen CarePath Pretest Rebate Program for PONVORY™. 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	Email	*Phone	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
*9-digit Member ID# (issued with enrollment confirmation)		*Date of Birth (mm/dd/yyyy)		
*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 available to people age 18 or older using commercial or private health insurance for their pretests and first dose monitoring that may be required when starting treatment. Examples of commercial or private insurance include commercial insurance from a former/current employer, government employee health insurance, or insurance you buy privately or through 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.

Your eligibility to receive a rebate is subject to meeting the program requirements at the time of each rebate request. 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. You are responsible for submitting a rebate request including an Explanation of Benefits (EOB) and proof of payment to receive payment under the Pretest 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 PRETESTS OR FIRST DOSE MONITORING.

By signing, dating, and submitting this form, you confirmed that **you have already enrolled in the Janssen CarePath Pretest 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 Pretest Rebate Program Brochure.

*Patient Signature	<input type="text"/>	*Date	<input type="text"/>
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You can submit a Rebate Request Form by MAIL or FAX:



Mail:

Janssen CarePath Pretest Rebate Program
2250 Perimeter Park Drive, Suite 300
Morrisville, NC 27560



Fax:

833-512-0488

Please read the full [Prescribing Information](#) and [Medication Guide](#) for PONVORY™, and discuss any questions you have with your doctor.