janssen CarePath

877-CarePath (877-227-3728)
Monday–Friday, 8:00 AM–8:00 PM ET

Simponi ARIA® golimumab for infusion

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®?

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® 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® 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, 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. 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®, and discuss any questions you have with your doctor.

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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 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®. 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

Gender ☐ Male ☐ Female

*11-digit Member ID# (issued with enrollment confirmation) | *Date of Birth (mm/dd/yyyy)

*Address | *City | *State | *ZIP

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). This program is only available to individuals age 2 or older using commercial or private health insurance for their Janssen treatment, 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 treatment costs, such as Medicare, Medicaid, TRICARE, Department of Defense, or 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. Program subject to change or discontinuation without notice, including in specific states. Not valid for residents of MA, MI, MN, or RI. **As a condition of participating in this program, you must ensure that you comply with any co-payment disclosure requirements of your insurance carrier or third-party payer, including disclosing to your insurer the amount of co-payment support you receive from this program. You are responsible for submitting a rebate request including an Explanation of Benefits (EOB) and proof of provider payment to receive 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 otherwise restricted 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

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® (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

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®, and discuss any questions you have with your doctor.

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