

Rebate Form

Submit this form if a pharmacy receipt is being submitted for a rebate.



STEP 1

Complete the information on the next page.
Sign the form.

STEP 2

Include a copy of the pharmacy receipt.
Valid receipt will include your name, medication,
date, and amount paid for your
REMICADE[®] medication.

STEP 3

Submit this signed form online, by fax, or by mail
along with your pharmacy receipt to the address
on the next page. Eligible patients will
receive a rebate check.

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

Rebate Form

REMICADE® (infliximab)

Read instructions on previous page, then complete the information below.

The information you provide will only be used by Janssen Biotech, Inc., the maker of REMICADE®, our affiliates, and our service providers, to provide benefits to you related to your participation in the Janssen CarePath Savings Program for REMICADE®. 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.

***Required**

<input type="text"/>		
*Name		
<input type="text"/>		
*Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
*City	*State	*Zip Code
<input type="text"/>	<input type="text"/>	
E-mail	*Phone	
<input type="text"/>		

*11-digit Savings Program ID # found on the front of the card

By redeeming this rebate, you certify that you will not submit a claim for amounts covered by this rebate for payment to any third-party payers, or from pharmaceutical patient assistance foundations and accounts, including a Flexible Spending Account (FSA), a Health Savings Account (HSA), or a Health Reimbursement Account (HRA).

This program is only available to individuals using private or commercial health insurance to cover a portion of their medication costs, including plans available through state and federal healthcare exchanges. This program is not available to individuals who use any state or federal government-subsidized healthcare program to cover a portion of medication costs, such as Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Administration.

Offer valid only for the product indicated. Any other use may constitute fraud. The selling, purchasing, trading, or counterfeiting of this rebate form is prohibited by federal law, and such activities may result in imprisonment for not more than 10 years or fines not more than \$250,000, or both. REBATE FORM CANNOT BE BOUGHT, TRANSFERRED, OR SOLD. REBATE FORM CANNOT BE COMBINED WITH ANY OTHER OFFER, DISCOUNT, PRESCRIPTION SAVINGS CARD, OR FREE TRIAL. Customer is responsible for any sales tax. Tax charged on prerebate price where required. No cash back. Offer good only in the U.S. and Puerto Rico. Janssen Biotech, Inc., reserves the right to rescind, revoke, or amend this offer without notice at any time. Void where prohibited, taxed, or otherwise restricted by law. **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.**

Use of this card is subject to the program eligibility requirements which can be found on the Janssen CarePath Savings Program for REMICADE® Brochure. **Offer for new enrollment expires December 31, 2017. For Massachusetts residents only, this offer is subject to change per state legislation.**

By signing, dating, and submitting this form, 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 received the card, which may also be found in the Janssen CarePath Savings Program for REMICADE® Brochure.

<input type="text"/>	<input type="text"/>
*Signature	*Date

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

You can submit online, by fax, or by mail:



Online:

Remicade.JanssenCarePathSavings.com



Fax:

877-234-3048



Mail:

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

You will receive your rebate check in about two weeks.

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