

Rebate Form

Submit this form if your doctor's office or pharmacy can't process your Janssen CarePath Savings Program card.

Receive a Rebate in 4 Easy Steps

- 1 Register for the Janssen CarePath Savings Program, if you have not already done so, and activate a card online at Register.JanssenCarePathSavings.com or by calling 844-777-2828.
- 2 Use your card to complete the information below. Sign the form.
- 3 Include the Explanation of Benefits (EOB) from your insurance company with proof of payment for your SPRAVATO™ medication. **OR**, include a copy of the pharmacy receipt (cash register receipts not accepted). Valid receipt will include your name, medication name of SPRAVATO™, date, and amount paid for your SPRAVATO™ medication. If you do not have proof of payment for SPRAVATO™, you must obtain your treatment location representative's signature below.
- 4 Mail this signed form along with your proof of payment and EOB (if medical/primary insurance was used). Eligible patients will receive a rebate check in about three weeks.

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 Savings Program for SPRAVATO™. If you want to stop receiving this information or service, you may withdraw from the program by calling 844-777-2828. Our [Privacy Policy](#) governs the use of the information you provide.

*Name	*Date of Birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
E-mail	*Phone	
*Address	*City	*State
		*Zip

*9-digit Savings Program medical claims member # **OR**, 11-digit Savings Program pharmacy claims member # found on the front of the Savings Program card

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 18 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.

Your eligibility to use the Savings Program card is subject to meeting the program requirements at the time of each use. Program terms will expire at the end of each calendar year. Before the calendar year ends, you will receive information and eligibility requirements for continued participation. Program subject to change or discontinuation without notice, including in specific states. **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. By participating in the program, you are giving permission for information related to your Savings Program transactions, including rebates and any funds placed on or balance remaining on the Savings Program card, to be shared with your healthcare provider(s).** Offer good only in the United States and its territories. **REBATE FORM CANNOT BE BOUGHT, TRANSFERRED, OR SOLD. REBATE FORM CANNOT BE COMBINED WITH ANY OTHER OFFER, DISCOUNT, PRESCRIPTION SAVINGS CARD, OR FREE TRIAL.** Use of this card is subject to the program requirements, which can be found on the Janssen CarePath Savings Program Brochure.

By signing, dating, and submitting this form you confirmed that **you have already completed the two-step process of: (1) registering for the Janssen CarePath Savings Program and (2) activating a savings card. Janssen CarePath cannot process this rebate form if you have not completed this two-step process.** In addition, you indicate you read, understand, agree, and meet the terms and conditions on this form, as well as the program requirements which were explained to you when you received the card, which may also be found in the Janssen CarePath Savings Program Brochure.

*Patient Signature	*Date
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Treatment location representative signature required **ONLY** if proof of payment is not provided with rebate request. By signing below, you are confirming the patient has paid for his/her out-of-pocket medication costs and was treated with SPRAVATO™ on the date below.

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

You can submit by fax or by mail:



You will receive your rebate check in about three weeks.

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