

EOB Clarification Form

Use this form when the Explanation of Benefits (EOB) statement for the below patient does not indicate that he/she received STELARA® (ie: STELARA® OR J3557).

Instructions for Completing and Submitting the EOB Clarification Form

1. Complete the information requested below.
2. Sign and fax the form to 844-250-7193.

Please submit this completed form to ensure your patient receives his or her 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®. The benefits may include processing of a rebate request. 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 read the full [Prescribing Information](#) and [Medication Guide](#) for STELARA®, available at JanssenCarePath.com. Provide the Medication Guide to your patients and encourage discussion.