



Rebate Request Fax Cover Sheet

FAX TO: 844-250-7193

To help us process your rebate request...

Please include this cover sheet with your Explanation of Benefits (EOB) from your insurance company or pharmacy receipt. If you are submitting a pharmacy receipt, you will need to also send a completed [Rebate Form](#).

Including this cover sheet, this rebate request submission includes _____ pages.

The information you provide will be used by Janssen Biotech, Inc., the maker of STELARA[®], our affiliates, and our service providers, to determine eligibility for benefits related to a request for participation in the Janssen CarePath Savings Program for STELARA[®]. The benefits may include processing of a rebate request. 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. By completing and submitting this form, you indicate you understand, agree, and meet the terms and conditions of the Janssen CarePath Savings Program for STELARA[®], as well as the eligibility requirements and restrictions which may be found in the Janssen CarePath Savings Program for STELARA[®] brochure.

Your Name _____

Address _____ City _____ State _____ ZIP Code _____

Primary Phone (Best number to call between 8 AM-8 PM ET, weekdays) _____

Email _____

Send fax cover sheet with a copy of EOB or other documents.

If submitting a pharmacy receipt, be sure to include a completed [Rebate Form](#).



By Fax

OR



By Mail

OR



By Savings Program Online Account

844-250-7193

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

Submit your rebate request (EOB, pharmacy receipt or other documents) to Janssen CarePath Savings Program from your online account, available at Stelara.JanssenCarePathSavings.com

Please read the full [Prescribing Information](#) and [Medication Guide](#) for STELARA[®], available at JanssenCarePath.com, and discuss any questions you have with your doctor.

