



# Bayer \$0 Co-pay Assistance Programs

## Section 1 – Co-pay Reimbursement for «Product Name» «Generic Name»

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**Complete this form in its entirety and include supporting documentation to avoid delays in reimbursement.**

*The following fields are **required** to process your claim timely and efficiently:*

Product Name:	Received/Date of Service (MM/DD/YYYY):
NDC:	Rx#, Order#, Prescription# (if applicable):
JCODE (required for medical claims):	Pharmacy Registered NPI (if applicable):
Quantity:	Day Supply:
Patient First Name:	Patient Last Name:
Patient Date of Birth:	
Co-pay Card Group Number:	Co-pay Card Member ID:
Primary Payer/Insurance Name:	
Primary Payer Group Number:	Primary Payer ID:

### **PROVIDER Information:**

Name:		
Address:		
City:	State:	Zip:
Phone: ( )	Fax: ( )	Contact Name:

### **Expense:**

Date of Service (MM/DD/YYYY):
Amount of Reimbursement Requested (Documentation Required):

**Make Check Payable to (if different from [PROVIDER](#) address above):**

Address:		
City:	State:	Zip:

## Section 2 – Declaration

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I verify that the information provided on this form is complete and accurate. I further understand that reported information may be verified by an audit as deemed necessary by the Bayer \$0 Co-pay Assistance Programs. I understand that assistance will terminate if the Program reasonably suspects any fraudulent activity relating to the assistance provided by the Program. I understand that assistance may be limited to the terms and conditions established by the Program and that the Program reserves the right at any time or for any reason, and without notice to (i) modify this form, (ii) modify or discontinue any or all of the programs and the related eligibility criteria, or (iii) terminate assistance.

<b>PROVIDER Signature (required):</b>	<b>Title:</b>	<b>Date (required):</b>
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Please mail or fax this completed form along with required documentation to:

<b>Bayer \$0 Co-pay Assistance Programs</b>	<b>OR</b>	<b>FAX: (844) 622-5475</b>
<b>C/O ConnectiveRx Claims Processing Center</b>		
<b>P.O. Box 2355, Morristown, NJ 07962</b>		

