



## EOB Clarification Form

Use this form when the Explanation of Benefits (EOB) statement for the below patient does not indicate that they received REMICADE® or Infiximab (ie, REMICADE® or Infiximab, J1745).

### Instructions for Completing and Submitting the EOB Clarification Form

1. Complete the information requested below and sign the form.
2. Visit [JanssenCarePathPortal.com](https://www.janssencarepath.com) to create an account and upload the signed form or fax it to 877-234-3048.

**Please submit this completed form to ensure your patients receive their rebate promptly.**

Provider Name \_\_\_\_\_

Treatment Location \_\_\_\_\_ Date \_\_\_\_\_

In order to determine the patient's rebate, please provide information for the patient's treatment with REMICADE® or Infiximab, including the appropriate NDC, and Date of Treatment, as requested below.

The information you provide will be used by Janssen Biotech, Inc., the maker of REMICADE® and Infiximab, 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 REMICADE® and Infiximab. This information will be used in evaluating a rebate request. By providing this information, you understand and agree that you are doing so at the request of your patient and that the information you provide is accurate. 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) \_\_\_\_\_

REMICADE®: NDC 57894-030-01

Infiximab: NDC 57894-160-01

Date of Treatment \_\_\_\_\_

By signing below, you are confirming that this patient received treatment with REMICADE® or Infiximab 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, 8:00 AM–8:00 PM ET.**

**Please see full Prescribing Information, including Boxed Warnings, and Medication Guides for [REMICADE®](#) and [Infiximab](#). Provide the appropriate Medication Guide to your patients and encourage discussion.**

As a reminder, this program is only for people age 6 or older using commercial or private health insurance for their Janssen medication. This includes plans from the Health Insurance Marketplace. This program is not for people who use any state or federal government-funded healthcare program. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration. Your patient may not seek payment for the value received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account. Patients must meet the program requirements every time they use the program. Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states.

To use this program, your patient must follow any health plan requirements, including telling their health plan how much co-payment support they get from this program. By getting a Savings Program benefit, your patient confirms that they have read, understood, and agree to the program requirements on this page, and they are giving permission for information about their Savings Program transactions to be shared with their healthcare provider(s). These transactions include rebates and any funds placed on the card or balance remaining on the card. If they use medical/primary insurance to pay for their medication, they need to submit a rebate request with an Explanation of Benefits (EOB) to get payment from the Savings Program. With your patient's permission, you may submit the rebate request and EOB for your patient. Please make sure you and your patient know who will submit the rebate request. This program offer may not be used with any other coupon, discount, prescription savings card, free trial, or other offer. Offer good only in the United States and its territories. Void where prohibited, taxed, or limited by law.