



Copay Assistance Program Patient Registration Form

Please complete and submit
by faxing to 1-844-504-8652.

I AM INTERESTED IN ENROLLING THE FOLLOWING PATIENT IN THE HERON CONNECT COPAY ASSISTANCE PROGRAM.*

Eligible patients with commercial insurance (non-government payers) pay \$0 in out-of-pocket costs. Limitations Apply. When applicable, patients may also be eligible for deductible assistance up to \$200 per treatment.

Patient Name: _____ Date of Birth: _____

Practice Name: _____

Site Name (if applicable): _____

Site Address: _____

City: _____ State: _____ ZIP: _____

Physician Name: _____

Practice Contact for Enrollments: _____ Title: _____

Telephone: () _____

Physician or Provider Contact Signature: X _____

HERON CONNECT™ OFFERS A SIMPLIFIED PROCESS FOR ENROLLING COMMERCIALLY INSURED PATIENTS IN THE HERON CONNECT COPAY ASSISTANCE PROGRAM.†

STEP 1

Complete a one-time Copay Assistance Program Practice Enrollment Form. Please contact Heron Connect, or your Heron representative, for this form.

STEP 2

Fax the following to Heron Connect at 1-844-504-8652:

- This completed Copay Assistance Program Patient Registration Form
- The patient facesheet

Note: The facesheet should contain the patient's name, address, phone number, date of birth, gender, and insurance information.

STEP 3

After administration, fax the patient's EOB and a copy of the claim form that was submitted to the insurance company to Heron Connect within 180 days of treatment.

STEP 4

After all of the required information is received, Heron Connect will review the information and contact you if any additional information is required. Heron Connect will process copay reimbursement directly to the practice using the "remit to" address listed on the Copay Assistance Program Practice Enrollment Form.

PROGRAM GUIDELINES

Your patient may be eligible for the Heron Connect Copay Assistance Program* if he/she:

- Has commercial insurance that covers the prescribed medication but it does not cover the full cost; that is, he/she has a copay or coinsurance obligation for the prescribed medication
- Is not participating in any state or federal healthcare program, including Medicaid, Medicare, Medigap, CHAMPUS, DoD, VA, TriCare, or any state, patient, or pharmaceutical assistance program. Patients who move from commercial insurance to a state or federal healthcare program will no longer be eligible
- Lives in the United States or its territories
- Is prescribed CINVANTI™ (aprepitant) injectable emulsion and/or SUSTOL® (granisetron) extended-release injection by his/her physician
- Has been treated within 120 days of the enrollment date and submits the request for reimbursement within 180 days of treatment

*Limitations apply. Offer not valid as follows: (a) patient covered under Medicare, Medicaid, or any federal or state program; (b) where plan covers treatment for the patient for the entire cost of the prescription drug. Patients pay \$0 copay per dose per 12-month calendar period up to \$80 for CINVANTI/treatment and/or up to \$160 for SUSTOL/treatment. When applicable, deductible assistance up to \$200 per treatment will be covered. For cash-paying patients, the program will cover \$150 per prescription and up to \$1,800 per calendar year. Eligibility is for 12 months, after which the patient will need to reapply for continued assistance. Please see HeronConnect.com for full terms and conditions. This offer expires 12/31/23.

†This simplified Copay Assistance Program enrollment process can be followed if the practice does not want Heron Connect to perform a benefit verification on behalf of the patient or to determine the patient's eligibility requirement for the Heron Connect Patient Assistance Program.

