Stelara withMe

Savings Program
844-4-withMe (844-494-8463)
Monday–Friday, 8:00 AM–8:00 PM ET

Stelara® (ustekinumab)

STELARA withMe Savings Program
Patient Assignment of Benefits

1. **Please note that this completed form is required in order for the provider to receive a payment on behalf of the patient for medication costs.**
   - **When submitting an Explanation of Benefits (EOB), a copy of the Health Insurance Claim Form-CMS 1500 (HICF) or Uniform Billing Form-CMS 1450 (UB-04) must be included.**
2. **Effective 8/20/18, only providers with a JanssenCarePathPortal.com account will be able to submit this form. Visit JanssenCarePathPortal.com to create an account and upload this form online or fax it to 844-250-7193.**
3. **The patient who has directed that payment should be made to the provider must authorize the assignment of benefits by signing this form. All fields must be completed.**

Patient Information and Authorization

Patient First Name: Patient Last Name: Date of Birth (mm/dd/yyyy):

Patient Address:

City: State: ZIP Code:

By participating in the STELARA withMe Savings Program via Janssen CarePath, I am giving permission for information related to my Savings Program transactions, including rebates and any funds placed on or balance remaining on the Savings Program card, to be shared with my healthcare provider(s).

Patient Signature: _____ Date: _____

If the patient cannot sign, patient's legally authorized representative must sign below.

By: _____ Date: _____

(Signature of person legally authorized to sign for patient)

Describe relationship to patient and authority to make medical decisions for patient: _____

Treatment Provider Information and Authorization

Site Name: Site NPI:

Provider First Name: Provider Last Name:

Address: City: State: ZIP:

Site Phone: Site Fax:

My signature on this Patient Assignment of Benefits Form acknowledges that the patient listed above has requested their benefit from the STELARA withMe Savings Program be sent to our Treatment Site for payment of the patient's eligible out-of-pocket Janssen medication costs. I further understand that patient may elect in the future for a rebate check to be sent directly to the patient or for the rebate to be loaded onto a debit card (if available). At that point, the patient's STELARA withMe Savings Program benefit will no longer be sent to our Treatment Site.

Treatment Site Representative Signature: _____ Date:

Print Name: Treatment Site:

Please read the full Prescribing Information and Medication Guide for STELARA® and discuss any questions you have with your doctor.