

Patient Referral Form Patient Benefits Verification and Specialty

Pharmacy Prescription Request Form

Phone (888) 275-8596 Fax (855) 215-5315 www.TWHAccessSolutions.com

Patient Information		ICD-9 Coding	
First Name		V25.11 D Encounter for insertion of intrauterine	
Last Name		contraceptive device	
Middle Initial		Other Delease specify	
Date of Birth		J code: J7300	
Street Address		Group Number	
		Subscriber DOB	
City	State	Employer Name	
Zip			
Phone		Healthcare Prescriber Information	
Alternate Phone		Prescriber Name	
Patient Scheduled Placement Date		Specialty	
		Group or Hospital	
Insurance Information		Contact Name	
(please copy and attach front and back of medical and prescription drug card insurance with request)		Street Address	
		City	State
Self Pay D Patient does not want insurance billed		Zip	_
Primary Insurance Name		Phone	
Phone Number			
Subscriber Name		Fax	
Subscriber ID		NPI	
		Tax ID	

How do you intend to obtain Paragard[®]?

□ Prescriber office will buy and bill □ Prescriber office will use Specialty Pharmacy

SPECIALTY PHARMACY NOTIFICATION: By submitting this prescription request form and checking the Specialty Pharmacy box above, prescriber and patient are aware that Biologics, Inc. will ship upon verification of benefits and collection of applicable copay.

Rx PARAGARD® (intrauterine copper contraceptive) Prescriber must call Biologics at (888) 275-8596 to cancel shipment

□ PARAGARD[®] T 380A Qty: 1

To be inserted one time by prescriber. Route intrauterine. Requested Date of delivery:

Prescriber gives Biologics, Inc. express permission to use his/her NPI number included herein for the purpose of identifying the referring prescriber to the authorized pharmacy benefits manager and/or payer. Biologics, Inc. accepts no liability regarding any decisions concerning claims coverage or payment, which remain the responsibility of the health plan administrators and insurers. Biologics, Inc. makes no assurance that any prescribed drug or treatment will be covered under any patient's insurance plan or that any pharmacy will provide the prescribed drug or treatment.

Date

For ARNP, NP and PA, collaborative physician agreement is with:

PARAGARD® is a registered trademark of Teva Women's Health, Inc.

Date



Patient Authorization Form

PARAGARD[®] (intrauterine copper contraceptive) Fax: (855) 215-5315 Fax (855) 215-5315 www.TWHAccessSolutions.com Biologics, Inc. C/O TWH Access Solutions 120 Weston Oaks Court

Cary, NC 27513

In accordance with the Health Insurance Portability and Accountability Act of 1996 and related federal regulations and rules ("HIPAA"), this Authorization authorizes my healthcare provider, health plan, and my pharmacy to disclose my health and personal information to Teva Women's Health, Inc. and its agent, Biologics, Inc. (and its affiliates, and their respective representatives, and agents (collectively, "Biologics")) in furtherance of the below stated authorized purposes. This Authorization also authorizes Biologics to call me for an appointment reminder before my placement date. The Teva Women's Health Access Solutions program is the "Access Solutions Program" operated by Biologics on behalf of Teva Women's Health, Inc.

Authorized Purposes

I understand that the Access Solutions program and Biologics will receive my health and personal information for the following purposes: (1) to conduct benefit verification determining insurance reimbursement and coverage of PARAGARD[®]; (2) if my physician selects that the PARAGARD[®] unit is shipped by a specialty pharmacy, to contact me to discuss any relevant copay, to bill the insurance company, to bill the applicable copay and to ship the unit to my healthcare provider and (3) to contact me by telephone to remind me about appointments and in furtherance of conducting benefits investigations.

By signing the following form, I understand:

1. Once my healthcare provider gives Biologics and the Access Solutions program information about me based on this Authorization, my medical and health information may be subject to redisclosure and no longer protected by federal privacy regulations.

I further understand and agree that Biologics and the Access Solutions program may retain my medical and health information as disclosed under this Authorization after this authorization expires for purposes related to the appointment reminder call data.

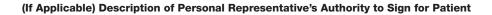
I also understand that in the event of an audit, and for purposes of such an audit, some information may also be disclosed to Teva Women's Health, Inc., the manufacturer of PARAGARD[®], or its affiliates after this Authorization has expired, so long as the audit is for a period of time when this Authorization was in effect.

- 2. I may refuse to sign this Authorization form and that, unless allowed by law, my refusal to sign will not affect my ability to obtain treatment from my healthcare provider; or to seek payment; or my eligibility for benefits.
- 3. I may revoke my authorization at any time by providing a written notice of same to my healthcare provider that refers to (or with a copy of) this Authorization form, or to Biologics/the Access Solutions program at the address listed at the top of this Authorization. However, I understand that if I revoke this authorization, it will not affect prior disclosures made by my healthcare provider to Biologics and any use of such information by Biologics in reliance of this authorization. I understand that I have the right to receive a copy of this Authorization.
- 4. This Authorization shall expire one year after I have signed it, or upon revocation, whichever is earlier.

Signature of Patient or Personal Representative

Dated

Name of Patient or Personal Representative





PARAGARD® is a registered trademark of Teva Women's Health, Inc.