

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 Portal.JNJwithMe.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 patient receives 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 Johnson & Johnson Health Care Systems Inc., our affiliates, and our service providers to determine if your patient is eligible to receive benefits related to their participation in the J&J withMe 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 877-227-3728. 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 do not wish to receive any future fax communications from J&J withMe Savings Program, contact J&J withMe at 877-227-3728, Monday through Friday, 8:00 AM to 8:00 PM ET or by fax at 877-234-3048. Your request will not be honored if (i) it is not made to the phone or fax number listed; (ii) it fails to identify the telephone number(s) at which you no longer wish to receive faxes; or (iii) subsequent to your request, you provide express invitation or permission to the sender, in writing or otherwise, to send such advertisements to you. The sender's failure to comply with an opt-out request within 30 days is unlawful.

If you have any questions about J&J withMe Savings Program, please call 877-227-3728, Monday–Friday, 8:00 AM–8:00 PM ET.

Any individual or entity who enrolls or assists in the enrollment of a patient in the Savings Program represents that the patient meets the eligibility criteria and other requirements described. See program requirements at Remicade.JNJwithMeSavings.com.

The patient support and resources provided by J&J withMe are not intended to provide medical advice, replace a treatment plan from the patient's doctor or nurse, provide case management services, or serve as a reason to prescribe REMICADE® or Infiximab.

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