

J&J withMe Savings Program Patient Assignment of Benefits

- Please note that this completed form is required in order for the provider to receive a payment on behalf of the patient for medicine 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
- Only providers with a Portal.JNJwithMe.com account will be able to submit this form. Visit Portal.JNJwithMe.com to create an account and upload this form online or fax it to 877-234-3048.
- 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:	Date of Birth (mm/dd/yyyy):		
Patient Address:			
City:	State:	ZIP:	
My signature on this Patient Assignment of Benefits Form confirms that I authorize my J&J withMe Savings Program benefits be sent on my behalf to the provider I have designated on this form for payment of my eligible out-of-pocket costs for my Johnson & Johnson medicine. I also understand that I may, at any time, call J&J withMe and elect for the rebate check(s) to be sent directly to me or for my rebate to be loaded onto a debit card (if available).			
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 benefits from the J&J withMe Savings Program be sent to our Treatment Site for payment of the patient's eligible out-of-pocket costs for their J&J medicine. 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 J&J 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, including Boxed Warning, and Medication Guides for [REMICADE®](#) and [Infiximab](#), and discuss any questions you have with your doctor.