

**MENVEO® (Meningococcal [Groups A, C, Y, and W-135]  
Oligosaccharide Diphtheria CRM<sub>197</sub> Conjugate Vaccine)  
PATIENT ASSISTANCE PROGRAM**

P.O. Box 42886 Cincinnati, OH 45242  
Phone: (800) 589-0837 | Fax: (513) 618-0056

Application Date: \_\_\_\_\_

**SECTION 1. PATIENT INFORMATION**

**This information MUST be provided for application to be considered.**

Patient First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Patient Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen or Legal U.S. Resident? Yes No

**PATIENT MUST ATTACH TAX FORM. IF TAX FORM NOT FILED, COMPLETE THIS SECTION AND ATTACH SUPPORTING DOCUMENTATION.**

Can anyone claim you as a dependent? Yes No

Number of persons dependent upon primary income within family (including patient): \_\_\_\_\_

Annual Household Income: \_\_\_\_\_ Social Security: \_\_\_\_\_

Unemployment or Disability: \_\_\_\_\_ Investment Income: \_\_\_\_\_

Does the patient have ANY medical insurance? Yes No

**If patient is covered by federal or state program only, go to Part B. Federal or State Coverage Plans Section**

Is the patient covered under any other policy (i.e., family or friend)? Yes No

**Part A. Medical Insurance**

If you have answered yes to either of the above questions, please complete the following section. Include a copy of the patient's insurance card, front and back. If the patient has a prescription drug plan, include a copy of the plan card.

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

HMO PPO Indemnity Champus VA Other, please specify \_\_\_\_\_

Date this coverage became effective: \_\_\_\_\_

**Part B. Federal or State Coverage Plan(s)**

If you participate in any federal or state medical reimbursement or assistance program, please complete this section. Include a copy of the patient's identification card, front and back.

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare Medicaid State Assistance Program Local Assistance Program (ID # \_\_\_\_\_)

Other, please specify \_\_\_\_\_

*Patient Certification and Authorization: I certify that all the above statements and any information provided are correct and that I understand eligibility under this program is subject to Novartis's approval. I understand that Novartis has reserved the right to modify or terminate this program on thirty (30) days notice. I grant Novartis or its agents the right, at all times, to investigate any and all claims made under this program. In addition to the foregoing, I hereby authorize the physician named below, or any other healthcare provider to disclose to Novartis Vaccines and Diagnostics and its agents all medical records and information relating to my vaccination with Menveo (Meningococcal [Groups A, C, Y, and W-135] Oligosaccharide Diphtheria CRM197 Conjugate Vaccine) for the purpose of my participation in the Menveo Patient Assistance Program.*

**Patient Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

## SECTION 2. PHYSICIAN INFORMATION

Physician First Name: \_\_\_\_\_ MI \_\_\_\_\_ Physician Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DEA Number: \_\_\_\_\_ State License Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Office Contact: \_\_\_\_\_

***I attest that the information provided is accurate to the best of my knowledge.***

*Physician Certification: I agree to administer Menveo to this patient. I understand that I will be credited for a dose of Menveo only if I provided all requested documentation in a timely manner to Novartis or its agents regarding Menveo vaccination for this patient. I understand that this patient assistance program is not an alternative to the federally funded Vaccines for Children (VFC) program and I certify to the best of my knowledge that the named patient is not eligible to receive VFC vaccine.*

**Physician Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Physicians can apply online at [www.RxHope.com](http://www.RxHope.com)