



Checklist



If you are the patient (or caregiver), did you:

Complete the **Patient Information Section** on pages 2-5?

Sign and date both of the Patient Authorization Information sections on pages 4 & 5?

Ask your doctor to complete the Healthcare Professional section of this form?

Make a copy of your completed application for your records?



If you are the healthcare professional, did you:

Complete the **HCP Information Section** on page 6?

Submit the original prescription, if required by your state?

Sign and date the HCP Authorization?



If all the boxes are checked, you are ready to submit the application.

The completed and signed application can be submitted by fax or mail:



Fax: 1-866-575-6568

If sending the application by fax, please be sure to include a fax cover sheet.



Mail: Bayer US Patient Assistance Foundation

P.O. Box 5670, Louisville, KY 40255

What is the next step after you send in your application?

We will review and process your application once we receive the completed form. We will contact you once the review is finished.

Questions?

If you have any questions, please call a Bayer US Patient Assistance Foundation representative at



1-866-2BUSPAF (228-7723)

Monday through Friday, 9:00 AM to 6:00 PM EST.

