DALVANCE CONNECTS®

Dalvance Connects® Copay Assistance Program Enrollment Form for Patients

Please complete the form, sign, and fax to 1-855-888-7206. For assistance, call Dalvance Connects® at 1-855-387-2824, Monday through Friday, from 8 AM to 8 PM ET.
Fields with an asterisk (*) are required information.

Dalvance Connects® Copay Assistance Program

The Dalvance Connects® Copay Assistance Program is available to help you with your out-of-pockets cost for your DALVANCE® infusions. Eligible individuals can receive DALVANCE for as little as $0. Maximum benefit of $2000 per calendar year.

You may be eligible for the Dalvance Connects® Copay Assistance Program† if you are:

1) commercially insured
2) a resident of, and are treated with DALVANCE in, the US
3) administered DALVANCE in an outpatient care setting‡

†This is not insurance. Subject to change or discontinuation by AbbVie at any time.
‡Includes a practice-based or freestanding infusion center, hospital outpatient department, or home infusion service.

Patient Information

First Name*:	Last Name*:
Address*:	City*: State*: ZIP Code*:
Date of Birth*:	Gender*: ☐ Female ☐ Male
Primary Phone*: ( )	Secondary Phone: ( )
Email:	
Alternate Contact Name:	Phone: ( ) Relationship to Patient:

Insurance Information

PRIMARY Insurance Company Name *:	SECONDARY Insurance Company Name:
Phone*:	Phone:
Policy ID #*:	Policy ID #:
Group #:	Group #:

Healthcare Provider and Office/Facility Information

Where did you receive your DALVANCE infusion?: ☐ Physician's office ☐ Hospital ☐ Infusion Clinic ☐ Home ☐ Other: _____

Date(s) of DALVANCE infusion(s):	
Healthcare Provider's Name*:	Office/Facility Phone*:
Office/Facility Name*:	Office/Facility Contact Person:
Office/Facility Street Address *:	
Office/Facility City*: State*: ZIP Code*:	

Patient Authorization and Declaration (signature required for enrollment)

By signing below, I authorize Dalvance Connects® to contact my health insurers and my healthcare providers to determine my eligibility for the Dalvance Connects® Copay Assistance Program.

I understand that if I am approved for the Dalvance Connects® Copay Assistance Program that copay assistance funds will be distributed to the office/facility where I received DALVANCE.

I understand that any requests for copay assistance should be submitted within 120 days of the date when I received DALVANCE. I understand that to receive copay assistance either I or my healthcare provider must submit an Explanation of Benefits (EOB) or a Remittance Advice (RA). I understand that the EOB or RA must show my out-of-pocket costs for DALVANCE. I understand that copay assistance will only be provided for the DALVANCE I received. I understand that my out-of-pocket costs associated with the dosing procedure will not be covered.

I understand that the Dalvance Connects® Copay Assistance Program will cover my out-of-pocket costs for DALVANCE up to a maximum annual benefit of $2,000.

I understand the AbbVie may alter or discontinue the Dalvance Connects® Copay Assistance Program at any time.

I declare that I have commercial insurance and that I do not have any insurance coverage for DALVANCE through a state or federal healthcare program, including but not limited to Medicare, Medicaid, Veterans Affairs (VA), or Department of Defense (DOD). I understand that if my insurance situation changes and I enroll in a state or federal healthcare program that I may no longer be eligible for the Dalvance Connects® Copay Assistance Program.

I declare that neither I nor my healthcare provider will seek reimbursement from my health insurers for any part of the benefit received from the Dalvance Connects® Copay Assistance Program.

Patient Signature:	
Name (print):	
Date:	

Please complete the form, sign, and fax to 1-855-888-7206.

How to activate the Dalvance Connects® Copay Assistance Program

Upon receipt of Explanation of Benefits (EOB)

- Complete all fields of the patient enrollment form (on previous page)
    - Dalvance Connects® will confirm your eligibility upon receipt of your completed enrollment form
        - Please see all associated terms and conditions, below
- Fax enrollment form and Explanation of Benefits (EOB) to: 1-855-888-7206
    - Explanation of Benefits (EOB) are accepted up to 120 days after your DALVANCE® infusion
    - Claim forms must identify DALVANCE® and outline only costs associated with DALVANCE
- Once your claim is reviewed and approved, check(s) will be mailed to providers typically within 2 weeks
    - Follow up with your provider to confirm your new out-of-pocket costs for DALVANCE

Terms and Conditions

- The Dalvance Connects® Copay Assistance Program may only be redeemed/used toward the patient's out-of-pocket cost for DALVANCE®. This program is not insurance
- Patient is not eligible if prescription is paid in part or full by any state or federally funded programs, including but not limited to Medicare, Medicaid, Medigap, VA, DOD, and TriCare, or if patient is eligible for benefits under such a program. If at any time a patient begins receiving prescription drug coverage under any such federal-, state-, or government-funded healthcare program, patient will no longer be eligible to use the program and patient must call Dalvance Connects® at 1-855-387-2824 to stop participation. Patient is otherwise not eligible for this program where prohibited by law or by the patient's health insurance provider. Patients residing in or receiving treatment in certain states may not be eligible
- Participants certify that they will not seek reimbursement or compensation from any of these programs, or from a Flexible Spending Account (FSA), a Health Savings Account (HSA), or a Health Reimbursement Account (HRA)
- The patient must understand that he/she will be asked for permission to allow the physician office to provide the patient's personal information that may include the patient's name, address, phone number, email address, and information related to the patient's insurance and treatment. This information is necessary to permit AbbVie Inc., the company that brings you DALVANCE, and companies that work with AbbVie Inc., including vendors and other affiliates, to provide assistance through this program
- As a condition of participating in this program, the patient and physician must comply with any copayment or coinsurance disclosure requirements of the patient's insurance carrier or third-party payor, including disclosing to the insurer the amount of copayment or coinsurance assistance received from this program
- AbbVie Inc. will not share the patient or physician information with anyone else except as required by law. All information provided will be governed by the AbbVie Privacy Policy. To learn about AbbVie's privacy practices and your privacy choices, visit www.abbvie.com/privacy.html
- AbbVie Inc. reserves the right to rescind, revoke, or amend this offer at any time without notice. Void where prohibited by law