

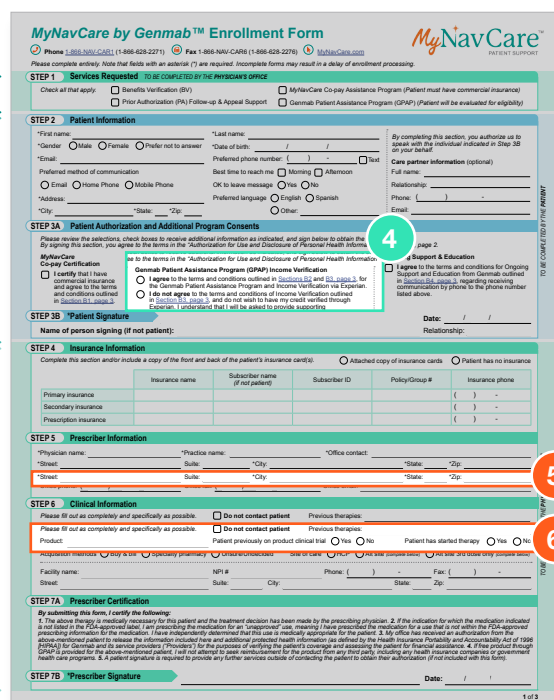
MyNavCare by GenmabTM Enrollment Form Overview

Accurate completion of the *MyNavCare Patient Support Enrollment Form* may help prevent delays in enrolling your patient and starting a benefits investigation. **Please note the important sections and required fields below.**

Required Fields

- 1 Inform the patient on available *MyNavCare* offerings.
- 2 Patient must provide consent to treatment and program offerings by:
 - Signing the appropriate section of the Enrollment Form (as well as the *MyNavCare* Patient Authorization Form)
 - Providing the contact information for a care partner (if applicable)
- 3 The healthcare office will complete enrollment by reviewing the following:
 - Patient insurance information
 - Prescriber information and certification
 - Appropriate clinical information
- 4 Patients must give consent for income verification (if applying for financial assistance).

Note: Not providing information with an asterisk (*) on the *MyNavCare by Genmab* Enrollment Form may cause delays.



The form is titled "MyNavCare by GenmabTM Enrollment Form" and includes the MyNavCare logo. It is divided into several steps:

- STEP 1 Services Requested:** Includes checkboxes for "Check all that apply", "Benefits Verification (BV)", "Prior Authorization (PA)", "Follow-up & Appeal Support", "MyNavCare Co-pay Assistance Program", "Patient must have commercial insurance", and "Genmab Patient Assistance Program (GPAP)".
- STEP 2 Patient Information:** Includes fields for "Last name", "First name", "Gender", "Date of birth", "Preferred phone number", "Preferred method of communication", "Email", "Home Phone", "Mobile Phone", "Address", "City", "State", "Zip", "Preferred language", and "Other". It also includes a section for "Care partner information (optional)" with fields for "Full name", "Relationship", "Phone", and "Email".
- STEP 3A Patient Authorization and Additional Program Consents:** Includes a section for "MyNavCare Co-pay Assistance Program (GPAP) Income Verification" with checkboxes for "I agree to the terms and conditions outlined in Section 3A and 3B, for the Genmab Patient Assistance Program and Income Verification and Expenses" and "I do not agree to the terms and conditions of income verification outlined in Section 3A, and do not wish to have my credit verified through Experian".
- STEP 3B Patient Signature:** Includes fields for "Name of person signing (if not patient)", "Date", and "Relationship".
- STEP 4 Insurance Information:** Includes a table for "Insurance name", "Subscriber name (if not patient)", "Subscriber ID", "Policy/Group #", and "Insurance phone".
- STEP 5 Prescriber Information:** Includes fields for "Prescriber name", "Practice name", "Office contact", "State", "Zip", "Street", "City", "State", "Zip", "Street", "City", "State", "Zip".
- STEP 6 Clinical Information:** Includes checkboxes for "Do not contact patient", "Previous therapies", "Please fill out as completely and specifically as possible", "Do not contact patient", "Previous therapies", "Product", "Patient previously on product clinical trial", "Yes", "No", "Patient has started therapy", "Yes", "No", "Acquired infection", "Yes", "No", "Secondary diagnosis", "Yes", "No", "Site of care", "NPI", "Tax ID", "PTAN #", "Facility name", "NPI #", "Tax ID", "PTAN #", "Phone", "City", "State", "Zip", "Fax", "City", "State", "Zip".
- STEP 7A Prescriber Certification:** Includes a section for "By certifying this form, I certify the following:" and a paragraph stating "I, the above therapy is medically necessary for this patient and the treatment decision has been made by the prescribing physician. If the indication for which the medication indicated is not listed in the FDA-approved label, and prescribing the medication for an 'unapproved' use, meaning I have prescribed the medication for a use that is not within the FDA-approved prescribing information for the medication, I have independently determined that this use is medically appropriate for the patient. I, my office has reviewed an authorization from the appropriate medical professional to release the information included here and additional protected health information (as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)) for Genmab and its service providers (Physicians) for the purpose of enrolling the patient's coverage and assisting the patient in financial assistance. I, the product through Genmab is provided for the above mentioned patient, I will not attempt to use non-reimbursable for the product from any third party including any health insurance companies or government health care programs. I, a medical professional in response to provide any further services outside of contacting the patient to obtain their authorization (if not included with this facility).
- STEP 7B Prescriber Signature:** Includes fields for "Date" and "Relationship".

Additional Important Fields

- 5 The **Prescriber NPI**, **Tax ID**, and **PTAN #** are important information to include so that the coverage process is not delayed.
- 6 It is important to fill out Step 6 as completely as possible so that the patient's coverage status is determined as quickly as possible.
 - The **secondary diagnosis** helps ensure the patient is on label for ongoing support
 - **If the patient has started therapy**, it is important to determine the next steps
 - **Next date of treatment** helps the Patient Access Specialist (PAS) team prioritize the patient's status



Have Questions?

Contact a *MyNavCare by Genmab* Support Specialist by calling **1-866-NAV-CAR1** (1-866-628-2271), Monday-Friday, 8 AM-8 PM ET, or visit [MyNavCare.com](https://www.mynavcare.com) to learn more.