

MyNavCare by Genmab®

Patient Authorization Form

 **Phone** [1-866-NAV-CAR1](tel:1-866-NAV-CAR1) (1-866-628-2271)  **Fax** 1-866-NAV-CAR6 (1-866-628-2276)  MyNavCare.com

Please complete entirely. Note that fields with an asterisk (*) are required.
Incomplete forms may result in a delay of enrollment processing.

STEP 1 Patient Information

*First name: _____ *Last name: _____

*Gender Male Female Prefer not to answer *Date of birth: _____ / _____ / _____

*Email: _____ Preferred phone number: (_____) _____ - _____ Text

Preferred method of communication Best time to reach me Morning Afternoon

 Email Home Phone Mobile Phone OK to leave message Yes No

*Address: _____ Preferred language English Spanish

*City: _____ *State: _____ *Zip _____ Other: _____

By completing this section, you authorize us to speak with the individual indicated in Step 2B on your behalf.

Care partner information (optional)

Full name: _____ Relationship: _____

Email: _____ Phone: (_____) _____ - _____

STEP 2A Patient Authorization and Additional Program Consents

Please review the selections, check boxes to receive additional information as indicated, and sign below to obtain the services listed. By signing this section, you agree to the terms in the "Authorization for Use and Disclosure of Personal Health Information" in [Section A, page 2](#).

MyNavCare Co-pay Certification

I **certify** that I have commercial insurance and agree to the terms and conditions outlined in [Section B1, page 3](#).

Genmab Patient Assistance Program (GPAP) Income Verification

I **agree** to the terms and conditions outlined on [Sections B2](#) and [B3, page 3](#), for the Genmab Patient Assistance Program and Income Verification via Experian.

I **do not agree** to the terms and conditions of Income Verification outlined in [Section B3, page 3](#), and do not wish to have my credit verified through Experian. I understand that I will be asked to provide supporting documentation to authenticate my income and eligibility.

Ongoing Support & Education

I **agree** to the terms and conditions for Ongoing Support and Education from Genmab outlined in [Section B4, page 3](#), regarding receiving communication by phone to the phone number listed above.

STEP 2B *Patient Signature

Name of person signing (if not patient): _____ Date: _____ / _____ / _____

Relationship: _____

What Is *MyNavCare* by Genmab?

MyNavCare is a patient support service program that helps patients understand their insurance coverage and financial support options when prescribed a Genmab product. If you wish to participate in this program, Genmab must receive, use, and disclose certain pieces of your personal information, including personal health information.

- Name and birthday
- Address, telephone number, and email address
- Important financial information (if necessary)
- Information on your medical condition
- Information about your health benefits or health insurance coverage

Please read the Patient Authorization (Section A) below carefully and, if you are comfortable with it, provide your signature on the Enrollment Form (Step 2B). If you have any questions, you may contact Genmab at 1-866-NAV-CAR1 (1-866-628-2271). Once you have signed the Enrollment Form and the other patient consents in this form, you may fax the signed form to 1-866-NAV-CAR6 (1-866-628-2276) or submit it online at MyNavCareHCPportal.com.

SECTION A Authorization for use and Disclosure of Personal Health Information

I understand that, in order for Genmab US, Inc. and its agents (collectively, “Genmab”) to provide me with the services offered through the Genmab Patient Support Program (the “Program”), Genmab will need to collect, use and disclose certain parts of my personally identifiable health information (my “PHI”). I therefore direct and authorize my physician(s), pharmacy, and health plan(s) to disclose my PHI relevant to my diagnosis, treatment, finances, and identity, including but not limited to the information about me in this Enrollment Form, to Genmab for Genmab to use and disclose in order to provide the Program services, as described below.

I authorize Genmab to (i) use my PHI to facilitate my access to Genmab products and to provide the services described below, and (ii) further disclose my PHI to any individual whom I designate on this form or at another time as my “caregiver,” and to my health care provider(s), health care entities, pharmacies, and health plan(s) for the purposes of providing the following services:

- Contacting my health plan to understand coverage for the medication prescribed for me
- Determining my eligibility for financial assistance and other support services
- Coordinating delivery of my prescribed medication either via a pharmacy or a specialty distributor
- Providing me with education and treatment reminders
- Conducting quality assurance and other internal business activities and asking me for feedback related to the services or my treatment

I understand that once my PHI is transmitted to Genmab as permitted by this Authorization, the PHI may no longer be protected under federal privacy law and could be redisclosed to others not referred to above. However, I also understand that Genmab has no intention to disclose my PHI for purposes other than those stated above.

I understand that I may choose not to sign this Authorization and, although that will mean Genmab cannot provide the services listed above, it will not affect my rights to obtain health care treatment or payment to cover my health care treatment. I understand that I may cancel this Authorization at any time by sending a notice of cancellation to Genmab at PO Box #375 Berkeley Heights, NJ 07922, and I also understand that if I do cancel the Authorization, that will not invalidate any uses or disclosures of my PHI made in reliance on the Authorization before the date when Genmab receives my notice of cancellation.

This Authorization expires five (5) years from the date signed in Step 2B, or at such earlier time as may be required under the law of the state in which I reside.

SECTION B Additional Consents

SECTION B1 - MyNavCare by Genmab Co-pay Assistance Program

I understand the MyNavCare Co-pay Assistance Program is for individuals who have medications paid for by commercial insurance (eg, private insurance company) and that eligibility into this program will be evaluated once my benefits are verified. I understand that I am not eligible to participate in the Co-pay Assistance Program if I am enrolled or otherwise participate in any government health care program (eg, Medicare, Medicaid, VA, DoD, Tricare, etc.). I understand that if I receive any assistance from the Co-pay Assistance Program, I will not seek reimbursement for the assistance I receive under the program from anyone else, including an insurance provider, a government health care provider, an independent charity, or from a health savings or flexible spending account. I also understand that Genmab's co-pay assistance may be discontinued at any time and that if my insurance coverage changes, I must notify Genmab at 1-866-628-2271 immediately so Genmab may determine if I remain eligible for the program. I understand that additional terms and conditions of the Co-pay Assistance Program, including co-pay savings limits, are accessible to me at 1-866-628-2271.

SECTION B2 - Genmab Patient Assistance Program (GPAP)

I understand that if I qualify for and receive free medication from Genmab under Genmab's Patient Assistance Program (PAP), I agree to comply with the program rules; I will not seek reimbursement for the assistance I receive from anyone else, including an insurance provider, a government health care program, an independent charity, a health savings account, a flexible spending account, or other health reimbursement account. If I have Medicare Part D, I will not count any free medication that I receive from the Genmab PAP toward my true out-of-pocket costs (TrOOP). I understand that the Genmab PAP provides medication on a calendar-year basis, and I must reapply every year. I understand that I may not be eligible for assistance in subsequent years if I do not meet the then-current eligibility criteria. I agree to immediately contact the PAP administrator at 1-866-628-2271 if my insurance, treatment, or financial situation changes in any way. I understand that Genmab may discontinue the PAP at any time or change the terms, conditions, and eligibility criteria for the PAP at any time, without prior notice.

SECTION B3 - Electronic Income Verification

I understand that if I seek to be evaluated for eligibility for the Patient Assistance Program, proof of my income must be provided to Genmab. I understand that by selecting the "I agree" box in Step 2A, I am providing written instructions to Genmab and/or its agents to obtain information from my personal credit profile or other information from Experian. I understand that if I do not wish to provide such instructions, I should check "I do not agree" in Step 2A and, in that case, Genmab will request additional financial documents from me, such as tax returns, social security income, bank statements, etc., to verify my income as a criterion for eligibility into the Patient Assistance Program.

SECTION B4 - Ongoing Support and Education by Phone and Text

I would like to enroll in phone support from MyNavCare, an optional program that could help me stay on track with my treatment plan by providing me with a Patient Engagement Liaison to provide information and education about my disease and provide other patient support resources. I understand that this program is not intended to take the place of regular communications with my treating physician and that I may opt out of the program at any time by contacting MyNavCare at 1-866-628-2271 or by writing to the following address: Genmab US, Inc., PO Box #375 Berkeley Heights, NJ 07922. I understand that by checking the box in Step 2A, I agree to receive calls and texts at the phone number provided and that they may be autodialed or prerecorded and are not a condition of purchase.

For more information, go to [genmab.com](https://www.genmab.com). To review the privacy policy, visit [genmab.com/privacy](https://www.genmab.com/privacy).