



I'm requesting assistance with the following issue related to FUSILEV® (levoleucovorin) for injection:

- \_\_\_ Verification of Insurance Benefits/Drug Coverage
\_\_\_ Coding Question (i.e. HCPCS, National Drug Code)
\_\_\_ Apply for STAR Patient Assistance Program (if uninsured)
\_\_\_ Apply for Co-Pay Assistance (for privately-insured patients only)
\_\_\_ Denied/Underpaid Claims Assistance \_\_\_ Other

Patient Enrollment Form
Complete and fax to 1-866-930-1562
PO Box 220551, Charlotte, NC 28222-0551
Phone: 1-888-53-STAR7 (888-537-8277)

PATIENT INFORMATION

Form fields for Patient Information: First Name, Last Name, Correspondence Address, City, State, ZIP, SSN, Date of Birth, Telephone, Gross Annual Household Income, Is patient a U.S. Citizen or legal U.S. resident?

INSURANCE INFORMATION - Please provide copies of all medical and pharmacy insurance cards (front and back)

Insurance Information section including a table for Type of Insurance, Name of Insurer/Plan, Policy ID #, Group #, and Insurance Phone #.

PRESCRIBING PHYSICIAN INFORMATION

Form fields for Prescribing Physician Information: First Name, Last Name, State License #, NPI, Name of Group/Hospital, Tax ID #, PTAN, Correspondence Address, City, State, ZIP, Office Contact Name, Phone, Fax, Shipping Address, Email, City, State, ZIP.

Prescription for Patient Above - Check applicable drug, Dosage per treatment, Frequency, List planned/future outpatient dates\* of service for drug.

Patient Authorization and Release to Collect, Use and Disclose Certain Information: By signing below, I verify that the information provided is complete and accurate. Furthermore, I authorize the disclosure and use of my financial information, insurance information, medical information, including personally identifiable protected health information to and by the STAR program...

PATIENT and PHYSICIAN SIGNATURES

Signature lines for Patient Name, Patient Signature, Date, Legal Representative/Guardian Signature, Prescribing Physician Name, Prescribing Physician Signature, Date.

