

PATIENT ENROLLMENT FORM GUIDE



Enrolling your patient in BIMZELX Navigate® is easy. Start your patient's treatment by following these important steps.

- ✓ Small errors in things like name, address, or date of birth (DOB), or missing required information can lead to delays or complications in the process. **Verify that all personal information is correct** and up-to-date **before** submitting the form.
- ✓ Fax a copy (front and back) of your **patient's insurance** and pharmacy benefit cards along with the Patient Enrollment Form. If you are unable to fax your patient's insurance cards, please fill out your patient's insurance information under Insurance Information.
- ✓ Complete all fields for **Clinical and Prescriber Information**. This will help to communicate with the patient's insurance company during the verification process and to schedule shipments of BIMZELX®.
- ✓ The patient's **Primary Diagnosis Code** will be used to identify medical diagnosis and verify benefits. It is required to initiate processing.
- ✓ To properly enroll eligible patients into BIMZELX Navigate Bridge, it is important that **BOTH** the **Bridge/Savings support** checkbox is checked and the **Prescription Information** section is filled out.
- ✓ Proper and accurate **dosing information** is important for both the patient's Specialty Pharmacy and BIMZELX Navigate to verify the patient's benefits and streamline prescription fulfillment.
- ✓ A completed **prescriber signature** gives permission to send a patient's prescription to the appropriate pharmacy. Without this signature, the patient cannot start on BIMZELX.
- ✓ Confirm that the form is **filled out in full**.
- ✓ Once all sections are complete, **fax to 1-844-NAVAXX**.

IT IS VERY IMPORTANT THAT YOUR PATIENT SIGNS THE SECOND PAGE OF THE ENROLLMENT FORM.

It is one of UCB's fundamental priorities to protect your patient's information and privacy. To ensure patients have access to all the support BIMZELX Navigate has to offer, it is critical we first obtain the Patient Authorization to Use/Disclose Health Information form.

Is your office new to BIMZELX Navigate?

Speak with your BIMZELX representative or call 1-866-4-BIMZELX (1-866-424-6935) to start.

Please see full **Prescribing Information** included in this toolkit, or visit [BIMZELXhcp.com](https://www.bimzelxhcp.com).



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***REQUIRED**

ENROLLMENT AND BENEFITS VERIFICATION FORM
FAX COMPLETED FORM TO 1-844-628-3299 • FOR ASSISTANCE, CALL 1-866-424-6935
ENROLL ONLINE AT [UCB.NAVIGATE.COM](https://ucb.navigate.com) OR E-PRESCRIBE TO CAREFORM PHARMACY (NPI #1043762750)

PATIENT INFORMATION

*Name (First, Middle Initial, Last) John J Doe *Gender assigned at birth ☐ Male ☒ Female *DOB 04/14/1940
*Street Address 1234 E Ordinary St *City Normal *State IL *ZIP 61761 *Patient Email Address personal.email.address@hotmail.com
*Primary Phone # 987-654-3210 Alternate Phone # Preferred Language ☒ English ☐ Spanish ☐ Other
Authorized Representative Contact Name _____ Authorized Representative Contact Phone # _____

***INSURANCE INFORMATION** ☒ (Front and back copies of the patient's medical and pharmacy insurance cards) attached ☐ No Insurance

Primary Prescription Insurance General Health Insurance Prescription Insurance Phone # 555-555-5555
Rx Member ID# 01-000000001 *Rx BIN # 99999 *Rx PCN # 11111 *Rx Group # 1010101
Primary Medical Insurance General Health Insurance Co Phone # 555-555-5555 Medical Insurance ID # 1234-5678 *Medical Insurance Group # 9876-54321

PRESCRIBER INFORMATION

*Prescriber Name (First, Middle Initial, Last) Alice Smith *NPI# 1234567890 *Tax ID # 999-99-9999
Office Contact Her Johnson *Phone # 888-888-8888 *Fax # 888-888-8888
*Practice/Clinic Name Medical Practice, LLC Prescriber Email _____
Street Address 4321 Healthcare Way City Normal State IL Zip Code 61702
Supervising Physician _____ NPI # _____

CLINICAL INFORMATION

*Primary Diagnosis Code (Check one) ☒ PSO ☐ L40.0 ☐ P4A ☐ L40.5 ☐ AS ☐ M45 ☐ M45.0 ☐ M45.1 ☐ M45.2 ☐ M45.3 ☐ M45.4 ☐ M45.5 ☐ M45.6 ☐ M45.7 ☐ M45.8 ☐ M45.9 ☐ M45.01 ☐ M45.02 ☐ M45.03 ☐ M45.04 ☐ M45.05 ☐ M45.06 ☐ M45.07 ☐ M45.08 ☐ M45.09 ☐ M45.10 ☐ M45.11 ☐ M45.12 ☐ M45.13 ☐ M45.14 ☐ M45.15 ☐ M45.16 ☐ M45.17 ☐ M45.18 ☐ M45.19 ☐ M45.20 ☐ M45.21 ☐ M45.22 ☐ M45.23 ☐ M45.24 ☐ M45.25 ☐ M45.26 ☐ M45.27 ☐ M45.28 ☐ M45.29 ☐ M45.30 ☐ M45.31 ☐ M45.32 ☐ M45.33 ☐ M45.34 ☐ M45.35 ☐ M45.36 ☐ M45.37 ☐ M45.38 ☐ M45.39 ☐ M45.40 ☐ M45.41 ☐ M45.42 ☐ M45.43 ☐ M45.44 ☐ M45.45 ☐ M45.46 ☐ M45.47 ☐ M45.48 ☐ M45.49 ☐ M45.50 ☐ M45.51 ☐ M45.52 ☐ M45.53 ☐ M45.54 ☐ M45.55 ☐ M45.56 ☐ M45.57 ☐ M45.58 ☐ M45.59 ☐ M45.60 ☐ M45.61 ☐ M45.62 ☐ M45.63 ☐ M45.64 ☐ M45.65 ☐ M45.66 ☐ M45.67 ☐ M45.68 ☐ M45.69 ☐ M45.70 ☐ M45.71 ☐ M45.72 ☐ M45.73 ☐ M45.74 ☐ M45.75 ☐ M45.76 ☐ M45.77 ☐ M45.78 ☐ M45.79 ☐ M45.80 ☐ M45.81 ☐ M45.82 ☐ M45.83 ☐ M45.84 ☐ M45.85 ☐ M45.86 ☐ M45.87 ☐ M45.88 ☐ M45.89 ☐ M45.90 ☐ M45.91 ☐ M45.92 ☐ M45.93 ☐ M45.94 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