

Return Address:
Carnitor® (levocarnitine) Injection Reimbursement Hotline
19331 N.W. 3rd Street
Pembroke Pines, FL 33029
Or FAX: 703-997-4020

For Assistance Call: 1-800-490-3262

Patient Authorization to Disclose Health Information for Carnitor® (levocarnitine) Injection

1. Patient Information

Patient Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ SSN: _____

First Date of Dialysis: _____

Length of time on levocarnitine: _____ Dosage: _____

ICD-9-CM Codes for Carnitor® (levocarnitine): _____

2. Provider Information (provider of Carnitor® administration)

Facility or Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Contact Person: _____

Phone Number: _____

Tax ID# _____

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3. Insurance Information

Please provide data on all insurers that provide health insurance benefits to the patient:

Primary Insurance

Carrier Name: _____

Phone Number: _____

Policy Holder Name, if different from patient: _____

Policy Number: _____ Group Number: _____

Secondary Insurance

Carrier Name: _____

Phone Number: _____

Policy Holder Name, if different from patient: _____

Policy Number: _____ Group Number: _____

4. Patient Authorization to Disclose Health Information

I authorize my physician and my health insurer(s) to disclose to the Carnitor® (levocarnitine) Injection Reimbursement Hotline Administrators (PharmAnalysis Group, Inc., MEDTAP's Center for Pricing and Reimbursement) information about me (for example, my name, Social Security number, and insurance policy number) and my medical condition (for example, my diagnosis or medications) that is reasonably necessary to determine health insurance benefits and coverage information.

Once my health information has been disclosed to the Program, federal privacy laws may no longer protect the information. However, the Program agrees to protect my information by using and disclosing it only for the purposes described above or as required by law. My health information will not be used or disclosed to Sigma-Tau. These limitations continue even after this Authorization expires (ends) or I revoke (take back) this Authorization.

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I understand that:

- I do not have to sign this Authorization, but if I do not, payer research for possible insurance coverage for Carnitor® (levocarnitine) Injection will not be conducted;
- My physician and health insurer will not condition my medical treatment, payment for treatment, insurance enrollment, or eligibility for insurance benefits on my agreement to sign this Authorization;
- I may revoke this Authorization at any time and for any reason by mailing or faxing a signed letter of revocation to my physician and health insurer (if any);
- If I revoke this Authorization, I will no longer allow any additional queries of my health insurance information;
- Revoking this Authorization will prohibit disclosures of my health information by my physician and health insurer after the date my letter of revocation is received and processed but will not affect the Program's ability to use and disclose information already received; and
- I am entitled to a copy of this Authorization.

This Authorization expires within 12 months or upon written request to revoke.

Type or print name of patient

Type or print name of legal representative (if applicable)

Signature of patient or legal representative

Date

Witness Signature (Required)

Date