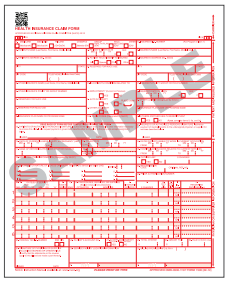
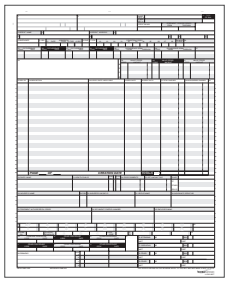
CareASSIST™
Oncology and Transplant
Patient Support by Sanofi Genzyme

A guide to reimbursement through the CareASSIST Copay Program

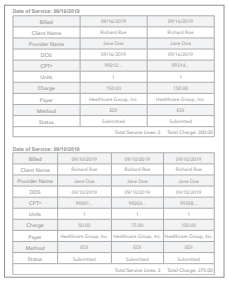
Submitting claims through the CareASSIST Copay Program

In order for your patient to be reimbursed, your office must submit the following to CareASSIST on your patient's behalf:





Either a CMS-1500 or a UB-04



Date of service (DOS)

Explanation of Benefits (EOB)

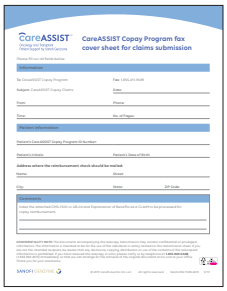
Mail or fax all forms to CareASSIST

Mail
CareASSIST by Sanofi Genzyme
PO Box 220616
Charlotte, NC 28222

Fax
1-855-411-9689

When submitting claims by fax, please use the CareASSIST Copay Program fax cover sheet for claims submission

Fill out all fields on the fax cover sheet and be sure to include the following information:



- Your patient's CareASSIST Copay Program ID number
- Your patient's initials
- Your patient's date of birth
- The address where the reimbursement check should be mailed

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A guide to reimbursement through the CareASSIST Copay Program (cont'd)

Considerations when submitting claims through the CareASSIST Copay Program

The CareASSIST Copay Program will **disburse funds in approximately 7 to 14 business days** after all materials are reviewed and approved

You **must not** have received any **payment from the patient or other third party** for the copay amount

All requests for reimbursement must be **submitted within 120 days of the DOS**

For more information about reimbursement through the CareASSIST Copay Program, call **1-833-WE+CARE** (1-833-930-2273), Mon – Fri, 9 AM – 8 PM ET, or visit SanofiCareAssist.com/hcp

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