

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

