

Referral Form for Infusion with REMICADE® (infliximab)

Phone: (888) ACCESS-1 (222-3771)

Fax: (866) 489-5955

PHYSICIAN INFORMATION	Site Name _____ Physician Last Name _____ First Name _____ Address _____ City _____ State _____ ZIP Code _____ Telephone _____ Fax _____ Office Contact _____		
PATIENT INFORMATION	Patient Last Name _____ First Name _____ DOB: MM/DD/YYYY _____ Social Security # _____ - ____ - ____ Address _____ City _____ State _____ ZIP Code _____ Home Telephone _____ Work Telephone _____ Patient May Be Contacted At <input type="checkbox"/> Work <input type="checkbox"/> Home Best Time _____		
INSURANCE INFORMATION	<input type="checkbox"/> Check if no insurance Primary Insurance _____ Policy # _____ Group # _____ Policy Holder's Name _____ Insurance Co. Telephone _____ Secondary Insurance _____ Policy # _____ Group # _____ Policy Holder's Name _____ Insurance Co. Telephone _____ If available, attach copy of both sides of patient's insurance card(s).		
PRIMARY DIAGNOSIS	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Crohn's Disease <input type="checkbox"/> 555.0 Regional enteritis, small intestine <input type="checkbox"/> 555.1 Regional enteritis, large intestine <input type="checkbox"/> 555.2 Regional enteritis, small and large intestine <input type="checkbox"/> 555.9 Regional enteritis, unspecified site Fistula (Secondary to Crohn's disease) <input type="checkbox"/> 565.1 Anal fistula <input type="checkbox"/> 569.81 Fistula of intestine, excluding rectum and anus Rheumatoid Arthritis <input type="checkbox"/> 714.0 Rheumatoid arthritis <input type="checkbox"/> 714.2 Other RA with visceral or systemic involvement Ankylosing Spondylitis <input type="checkbox"/> 720.0 Ankylosing spondylitis Other <input type="checkbox"/> _____ </td> <td style="width: 50%; vertical-align: top;"> Ulcerative Colitis <input type="checkbox"/> 556.0 Ulcerative (chronic) enterocolitis <input type="checkbox"/> 556.1 Ulcerative (chronic) ileocolitis <input type="checkbox"/> 556.2 Ulcerative (chronic) proctitis <input type="checkbox"/> 556.3 Ulcerative (chronic) proctosigmoiditis <input type="checkbox"/> 556.5 Left-sided ulcerative (chronic) colitis <input type="checkbox"/> 556.6 Universal ulcerative (chronic) colitis <input type="checkbox"/> 556.8 Other ulcerative colitis <input type="checkbox"/> 556.9 Ulcerative colitis, unspecified Psoriatic Arthritis <input type="checkbox"/> 696.0 Psoriatic arthropathy Psoriasis <input type="checkbox"/> 696.1 Psoriasis </td> </tr> </table>	Crohn's Disease <input type="checkbox"/> 555.0 Regional enteritis, small intestine <input type="checkbox"/> 555.1 Regional enteritis, large intestine <input type="checkbox"/> 555.2 Regional enteritis, small and large intestine <input type="checkbox"/> 555.9 Regional enteritis, unspecified site Fistula (Secondary to Crohn's disease) <input type="checkbox"/> 565.1 Anal fistula <input type="checkbox"/> 569.81 Fistula of intestine, excluding rectum and anus Rheumatoid Arthritis <input type="checkbox"/> 714.0 Rheumatoid arthritis <input type="checkbox"/> 714.2 Other RA with visceral or systemic involvement Ankylosing Spondylitis <input type="checkbox"/> 720.0 Ankylosing spondylitis Other <input type="checkbox"/> _____	Ulcerative Colitis <input type="checkbox"/> 556.0 Ulcerative (chronic) enterocolitis <input type="checkbox"/> 556.1 Ulcerative (chronic) ileocolitis <input type="checkbox"/> 556.2 Ulcerative (chronic) proctitis <input type="checkbox"/> 556.3 Ulcerative (chronic) proctosigmoiditis <input type="checkbox"/> 556.5 Left-sided ulcerative (chronic) colitis <input type="checkbox"/> 556.6 Universal ulcerative (chronic) colitis <input type="checkbox"/> 556.8 Other ulcerative colitis <input type="checkbox"/> 556.9 Ulcerative colitis, unspecified Psoriatic Arthritis <input type="checkbox"/> 696.0 Psoriatic arthropathy Psoriasis <input type="checkbox"/> 696.1 Psoriasis
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REFERRAL TO SPECIFIC PROVIDER	<input type="checkbox"/> Referral Source Unknown <input type="checkbox"/> Home Infusion/Infusion Provider Company _____ <input type="checkbox"/> Referral to _____ Telephone _____ Address _____ City _____ State _____ ZIP Code _____		
RECOMMENDED DOSAGE/FREQUENCY AND PATIENT WEIGHT	Recommended Dosage and Frequency _____ Patient Weight _____		

This form is intended to be completed by the patient or the referring physician to aid in the referral process to identify alternate sites of care for therapy with REMICADE. Please note this form does not serve as a valid prescription/order form.

Patient insurance benefit investigation is provided as a service by The Lash Group, Inc., under contract for Centocor, Inc. In this regard, The Lash Group, Inc., assists healthcare professionals in the determination of whether treatment could be covered by the applicable third-party payer based on coverage guidelines provided by the payer and patient information provided by the healthcare provider under appropriate authorization following the provider's exclusive determination of medical necessity. This reimbursement support service has no independent value to providers apart from the product and is included within the cost of the product. Importantly, insurance verification is the ultimate responsibility of the provider. Third-party reimbursement is affected by many factors. Therefore, The Lash Group, Inc., and Centocor make no representation or guarantee that full or partial insurance reimbursement or any other payment will be available. This information is provided as an information service only. While The Lash Group, Inc., tries to provide correct information, it and Centocor make no representations or warranties, expressed or implied, as to the accuracy of the information. In no event shall The Lash Group, Inc., or Centocor or its employees or agents be liable for any damages resulting from or relating to the services. All providers and other users of this information agree that they accept responsibility for the use of this service.



Please see accompanying Indications, Important Safety Information, and full prescribing information, also available at www.centocoraccessone.com.