Thank you for downloading this prescription assistance document from NeedyMeds. We hope this program will help you get the medicine you need.

REMEMBER — Send your completed application to the address on the form, NOT to NeedyMeds.

Did you know that NeedyMeds has thousands of other free resources?

Here's a look at more ways we can help you save money on medicine and healthcare costs. Each one can be found under the **"Healthcare Savings"** tab on our website:

- **Diagnosis-Based Assistance** — NeedyMeds lists thousands of assistance programs for almost any health condition. If you are going through chemo treatment for cancer, there are programs that can help with wig costs and scalp-cooling products. We also list resources for free diabetes testing supplies, caregiver lodging support, and much more.
- **Free, Low-Cost, and Sliding Scale Clinics** — This popular collection contains information on 18,000+ free, low-cost, and sliding scale medical, dental, mental health and substance abuse clinics across the U.S. It's a great resource if you need affordable medical treatment and don't know where to go.
- **Coupons, Rebates & More** — You can use the NeedyMeds website to find 2,600+ cost-saving opportunities for both prescription and over-the-counter drugs and medical supplies.
- **Medical Transportation** — Need help getting to the doctor's office or medical facility? You may be eligible for financial assistance if you meet certain requirements.

NeedyMeds also offers information on diagnosis-based camps and retreats, recreational programs, scholarships, government programs, $4 generic drug programs, and more.

Finally, I want to tell you about the NeedyMeds Drug Discount Card. Thousands of people use this free, anonymous, and easy-to-use tool to get the best price on their medications. Use the card to get discounts on lab tests and also to save 40% on durable medical equipment. To date, our drug discount card has saved patients over $300,000,000. Check out the following page to learn more.

Feel free to call our toll-free helpline if you have any questions. We can be reached at 1-800-503-6897 Monday-Friday, 9am-5pm Eastern Time.

Thank you for using NeedyMeds. Please let us know if we can do anything else to help you afford the costs of your healthcare.

Rich Sagall, MD
President, NeedyMeds

Clip the card and save

NeedyMeds
NeedyMeds.org

DRUG DISCOUNT CARD

BIN: 020750
RX PCN: NMeds
RX GRP: PDFPDF
ID: NMNA019309901930

Customer Care
1-888-602-2978

This is a drug discount program, not an insurance plan.

NeedyMeds Drug Discount Card
www.needymeds.org

Patient: You may use this card at any of over 65,000 participating pharmacies to save on all prescription medicines. You cannot use this card with Medicare including part D, Medicaid, or any other state or federal programs unless you choose not to use your government-sponsored program. In addition, you cannot use this card with any health insurance program, but you can use it in place of your insurance if the card offers a better price. For questions call 1-888-602-2978 or visit www.drugdiscountcardinfo.com.

Pharmacist: Administered by Medical Security Company, LLC, Tucson, AZ.

Pharmacy Help Desk: 1-800-404-1031.

Powered by ScriptSave® WellRx

- Save up to 80% on medications*
- Use at over 65,000 pharmacies nationwide including all major chains
- Share the card with friends and family
- Use the card as often as needed
- Free, no fees or registration
- Never expires

What will receive a discount?

All prescription medications are eligible for savings, including over-the-counter medicines and medical supplies written as a prescription, as well as human-equivalent pet medications with a prescription by a veterinarian.

Save up to 40% off durable medical equipment, including canes, crutches, splints, incontinence supplies and more. You can also save on diabetic supplies such as glucose meters, test strips, lancets and diabetic shoes. Visit www.needymeds.org/dme to learn more.

You can also save an extra 5% on affordable lab tests and online results. No doctor's order or insurance needed. Visit www.needymeds.org/L2L for more information.

What if I have insurance?

Anyone can use the card, but it can't be combined with state or federal insurance. You can use the card instead of insurance if:

- A drug isn't covered by your insurance
- Your insurance has no drug coverage
- You have a high drug deductible
- You have met a low medicine cap
- The card offers a better price than your copay
- You are in the Medicare Part D donut hole

To obtain a plastic drug discount card, send a self-addressed, stamped envelope to:

NeedyMeds Drug Discount Card
50 Whittemore St.
Gloucester, MA 01930

The card is not valid in combination with insurance plans, including Medicare, Medicaid or any state or federal prescription insurance. The card can be used only if you decide not to use your government-sponsored drug plan for your purchases.

* Average savings of 60%, with potential savings of up to 80% or more (based on 2018 national program savings data). All prescription medications are eligible for savings.

This is a drug discount program, not an insurance plan. Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This program does not make payments directly to pharmacies. Users are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may call 1-888-602-2978 with questions or concerns or to obtain further information.

PATIENT CONSENT FORM

Genentech
A Member of the Roche Group | Access Solutions

Genentech-Access.com
Phone: (866) 422-2377 **Fax:** (866) 480-7762
6 a.m.–5 p.m. (PT) M-F

M-US-00002802(v2.0)

Instructions for Patients

By completing this form, you can:

- Learn about your health insurance coverage and other options to get your Genentech medicine
- Sign up to receive **optional** disease education and other material

Please follow these 3 steps to get started:

1. Read "Authorization to Use and Disclose Personal Information" on page 2.
2. Sign and date page 3. Please note you must sign the form to get support for your treatment.
3. Send in your completed form using one of the options below.

Genentech can start supporting you when **page 3** of this form is submitted by you or your doctor's office in one of the following ways:

Complete online by scanning this QR code or visiting Genentech-Access.com/PatientConsent

OR

Print, complete, take a photo and text it to (650) 877-1111

OR

Print, complete and fax it to (866) 480-7762

A representative from Genentech Access Solutions or your doctor's office will call you to tell you about your coverage, costs and support for your treatment.

If you have any questions, talk to your health care provider or call Genentech Access Solutions at (866) 422-2377.

Helpful Terminology

Genentech: The maker of the medicine your doctor wants to prescribe for you. Genentech is committed to helping patients get the medicine their doctor prescribed. When used on this form, the term "Genentech" refers to Genentech, Genentech Patient Foundation, and their respective partners, affiliates, subcontractors and agents.

Genentech Access Solutions: A team at Genentech that works with your doctor and health insurance plan to help you get your medicine.

Genentech Patient Foundation: A program that gives free Genentech medicine to eligible people who don't have insurance coverage or who have financial concerns.

Annual household income: How much you and the members of your household currently make each year, minus specific deductions. This is also frequently referred to as your adjusted gross income or AGI. This information is needed to determine Genentech Patient Foundation eligibility.

Household size: Number of people living in your household, including you.

Deductible: The amount you pay for health care services or medicines out of pocket before your health insurance plan begins to pay.

Out-of-pocket costs: The amount not paid by the insurance plan that you must pay for your treatment. This includes deductibles, co-pays and co-insurance.

Co-pay assistance: Programs available to help eligible patients pay for their medicines.

Alternate contact: Someone you choose to be your contact person if Genentech Access Solutions cannot reach you.

Legally authorized representative: An individual or judicial or other body authorized under applicable law to consent on behalf of a patient (e.g., parent or legal guardian of a minor).

Terms and Conditions of the Genentech Patient Foundation

- If I receive free medicine from the Genentech Patient Foundation, I will not sell or give out the medicine because it is illegal to do so. I am responsible to ensure that the medicine is sent to a secure address when shipped to me, and I must control any medicine that I receive
- I understand that, for purposes of an audit, the Genentech Patient Foundation may ask me for a copy of my IRS 1040 form or other proof of income

PATIENT CONSENT FORM

Genentech
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M-US-00002802(v2.0)

Authorization to Use and Disclose Personal Information

I authorize my physician(s) and their staff, pharmacies, and health insurance plan (my "health care providers") to share my personal information, which may include contact information, demographic information, financial information, and information related to my medical condition, treatments, and health insurance and benefits, with Genentech, Genentech Patient Foundation, and their respective partners, affiliates, subcontractors, and agents (together, "Genentech"). I authorize Genentech to receive, use, and share my personal information in order to provide me with access to the products, services, and programs described on this form, which may include the following:

- Working with my health insurance plan to understand or verify coverage for Genentech products
- Applying to the Genentech Patient Foundation
- Determining my eligibility for and facilitating enrollment into financial assistance services if I'm eligible, including co-pay assistance
- Coordinating my prescription through a pharmacy, infusion site and/or health care provider's office. This includes contacting me to discuss my coverage, costs and eligibility for assistance and other program administration purposes
- Facilitating my access to Genentech products
- Ensuring quality and safety and improving our products and services
- Contacting me by mail, e-mail, telephone calls and text messages at the number(s) and address(es) provided for non-marketing purposes
- If I agree to the **optional** Consent for Patient Resources and Information, providing me with **optional** disease information and marketing material about products, services and programs offered by Genentech, its partners and their respective affiliates. This is not required to enroll into Genentech Access Solutions services
- If I agree to the **optional** Telephone Consumer Protection Act (TCPA) Consent, contacting me by autodialed calls and/or text messages at the phone number(s) I have provided for marketing purposes. This is not required to enroll into Genentech Access Solutions services

I understand that Genentech may also share my personal information for the purposes described on this authorization with my health care providers, service providers, and any individual I may designate as an alternate contact. I understand that my pharmacy may receive payment or other remuneration for disclosing my personal information pursuant to this authorization. I can choose not to sign this authorization, but Genentech will not be able to provide the services to me without it. However, my health care providers may not condition either my treatment or my payment, enrollment, or eligibility for benefits on signing this authorization.

I also understand and agree that:

- This authorization is valid for 6 years from the date I sign or the date I last enrolled, whichever comes first, unless a shorter period is required by law, or I revoke it earlier
- My personal information released under this authorization may no longer be protected by state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA). However, Genentech will only use and share my personal information for the purposes stated on this authorization or as otherwise permitted by law
- I have the right to revoke (cancel) this authorization at any time by submitting a written notice to: Genentech Access Solutions, 1 DNA Way, South San Francisco, CA 94080-4990. If I revoke this authorization, I will no longer be eligible for the services described. If a health care provider is disclosing my personal information to Genentech on an authorized, ongoing basis, my revocation will be effective with respect to such health care provider when they receive notice of my revocation. My revocation will not impact uses and disclosures of my personal information that have already occurred in reliance on this authorization
- More information on my privacy rights, including specific rights I may have as a resident of certain states, like California, can be found in Genentech's privacy policy (**www.gene.com/privacy-policy**)
- I have a right to receive a copy of this authorization

PATIENT CONSENT FORM

Reset Form

Genentech | Access Solutions
A Member of the Roche Group

Genentech-Access.com
Phone: (866) 422-2377 Fax: (866) 480-7762
6 a.m.–5 p.m. (PT) M-F

Required field (*)

M-US-00002802(v2.0)

Patient Information (to be completed by patient or their legally authorized representative)

*First name: _____ *Last name: _____

Home phone: ( ) - Cell phone: ( ) -

☐ OK to leave a detailed message? Date of birth (MM/DD/YYYY): / /

Email: _____ Preferred language: ☐ English ☐ Spanish ☐ Other: _____

Alternate Contact (optional) Full name: _____

Relationship: _____ Phone: ( ) -

1

Financial Eligibility: Complete **only** if you are applying to the Genentech Patient Foundation

By completing this section, I am agreeing to the Terms and Conditions of the Genentech Patient Foundation outlined on page 1.

Household size (including you): _____ Annual household income: ☐ Under $75,000

☐ $75,000 – $100,000 ☐ $100,001 – $125,000 ☐ $125,001 – $150,000 ☐ Over $150,000

2

Consent for Patient Resources and Information (**OPTIONAL**)

Genentech offers **optional** and free disease education and other material for patients. This may include information and marketing material about products, services and programs offered by Genentech, its partners and their respective affiliates. If you sign up, you may be contacted using the information you have provided.

☐ By checking this box, I agree to receive **optional** disease education and other material. I understand providing this agreement is voluntary and plays no role in getting Genentech Access Solutions services or my medicine. I also understand that I may opt out of receiving this information at any time by calling **(877) 436-3683** and that this consent will remain active unless I opt out.

Telephone Consumer Protection Act (TCPA) Consent (**OPTIONAL**)

☐ By checking this box, I consent to receive autodialed marketing calls and text messages from and on behalf of Genentech at the phone number(s) I have provided. I understand that consent is not a requirement of any purchase or enrollment. Message frequency may vary. Message and data rates may apply. I may opt out at any time by texting STOP or calling **(877) GENENTECH**/(877) 436-3683.

3

By signing this form, I acknowledge that I have provided accurate and complete information and understand and agree to the terms of this form. My signature certifies that I have read, understood, and agree to the release and use of my personal information pursuant to the Authorization to Use and Disclose Personal Information and as otherwise stated on this form.

REQUIRED

Sign and date here

_____ / /

*Signature of Patient/Legally Authorized Representative (A parent or guardian must sign for patients under 18 years of age) *Date signed (MM/DD/YYYY)

Person signing (if not patient)

_____ Print first name _____ Print last name _____ Relationship to patient

Once this page (3/3) has been completed, please text a photo of the page to **(650) 877-1111** or fax to **(866) 480-7762**. You can also complete this form online at **Genentech-Access.com/PatientConsent**.

If this is an electronic consent, you understand that by typing your name and the date above and submitting, or taking a picture and sending to us, that you are providing your consent electronically and that it has the same force and effect as if you were signing in person on paper. Genentech reserves the right to rescind, revoke or amend the program without notice at any time.