



Section 1: Physician Information (Medication shipped to prescriber only)

- MD ARNP
 DO Other
 PA-C

First Name

Last Name

State License Number

Exp Date

DEA Number

Practice Name

Street Address

Suite #

() -
Phone Number

() -
Fax Number

City

State

Zip Code

Office Contact: Name, Title, Extension

SHIPPING ADDRESS: (If different from above)

Healthcare Facility

Street Address

Suite #

Contact Name

City

State

Zip Code

Please Indicate

Nimotop[®] (nimodipine) 30mg Capsules

30 Capsules per carton

Number of cartons

Nimotop[®] (nimodipine) 30mg Capsules

100 Capsules per carton

Number of cartons

I represent that the information contained in this application is complete and accurate **to the best of my knowledge**. I certify that the patient identified on this application will be given **Nimotop[®]** free of charge provided by the Bayer Patient Assistance Program. No third party, governmental program or patient will be charged for the free product, and no free product will be sold, traded or distributed for sale. **I agree to notify the Bayer Patient Assistance Program immediately if my patient elects to be covered under the Medicare Part D Prescription Drug benefit, or any other government or private prescription drug plan.**

Authorized Doctor/Prescriber's Signature (Stamps are not accepted)

Date

Section 2: Patient Information

First Name

Last Name

MI

Street Address

() -
Phone Number

City

State

Zip Code

- -
Social Security Number

/ /
Date of Birth

Marital Status

- Married Single Widowed Divorced Separated



Are you a legal resident of the United States? Yes No

Total Annual Gross Household Income \$ _____ Number of persons
(including self) dependent
upon household income: _____

Do you have Prescription Drug Coverage? Yes No

If yes, please provide name of program. _____

SECTION 3 – PATIENT CONSENT AND AUTHORIZATION:

I may refuse to sign this authorization; however, if I refuse to sign I will not be able to participate in the Program. I certify that all of the above are correct. I certify that I am not enrolled in the Medicare Part D Prescription Drug benefit or any other government or private prescription drug plan. I understand that if I enroll in any other prescription drug program (other than a Medicare Part D Prescription Drug Benefit plan) or private prescription drug plan, I may no longer meet the eligibility requirements of the Bayer Patient Assistance Program and will not be provided with free medication under it, even if the benefit program does not cover the full cost of, or places limits on, medications. I agree to notify the Bayer Patient Assistance Program immediately if I become covered under the Medicare Part D Prescription Drug benefit, or any other government or private prescription drug plan. In the event that I do enroll in a Medicare Part D Prescription Drug Benefit plan, I understand that I am still eligible to receive free medication under the Bayer Patient Assistance Program for this calendar year. I agree that I will not seek reimbursement from the Medicare Part D Prescription Drug Benefit plan or any other governmental program, whether state or federal, for any free product received under the Bayer Patient Assistance Program. Furthermore, I understand that the cost or value of any product received from the Bayer Patient Assistance Program will not be applied towards any required payments of True Out-of-Pocket expenses in connection with Medicare. I agree to provide the Bayer Patient Assistance Program with documentation to verify that the information provided is correct, including denial from insurance companies or state or government programs, etc.

I understand that Bayer may discontinue or modify the Bayer Patient Assistance Program at any time; although medication may be given to me without cost now, it does not mean that I will be entitled to receive it without cost indefinitely. I understand that the eligibility for enrollment in the Bayer Patient Assistance Program is subject to Bayer's approval. No patient will be accepted into the program without the healthcare provider's and patient's (or legal representative's) original signature on this application. Bayer reserves the right to make a separate, independent determination of patient eligibility. **I agree to notify Bayer Patient Assistance Program immediately of any changes that might affect my eligibility.**

This information is for the sole use of Bayer and/or its representative(s) to determine eligibility for assistance and administering the Bayer Patient Assistance Program. Unless required by law, information will not be provided in an identifiable form to any other persons unless the patient agrees to the release in writing. This authorization will become effective when signed below and will remain in effect until revoked by the patient. A photocopy of this form is as valid as the original.

Please Print Patient's Name

Signature of Patient or Legal Representative

Date

The Bayer Patient Assistance Program provides Nimotop® (nimodipine) for patients in need of this drug, who have no prescription coverage and limited financial resources. All applications are reviewed on a case-by-case basis. Bayer reserves the right to make a separate, independent determination of patient eligibility and to modify or discontinue the Bayer Patient Assistance Program, at any time.

Eligibility:

To be accepted into the Bayer Patient Assistance Program for **Nimotop**, a patient must be a legal resident of the United States.

Any patient who is enrolled in any Government Prescription Programs (other than a Medicare Part D Prescription Drug Benefit plan) or Private Prescription Plans including, but not limited to **Medicaid, State-sponsored Prescription Assistance programs, or has employee, military, retirement, or pension program drug coverage is not eligible** for the Bayer Patient Assistance Program.

If the patient receives benefits from any of these types of programs or plans, the Bayer Patient Assistance Program cannot provide medication, even if the benefit program or plan does not cover the full cost of, or places limits on, medications. In the event that the patient does enroll in a Medicare Part D Prescription Drug Benefit plan, the patient will still be eligible to receive free medication under the Bayer Patient Assistance Program for this calendar year.

**Pharmacy discount cards or pharmaceutical assistance programs are not insurance coverage. You may still apply if you participate in these programs.

Application Process:

The patient should first seek any available state or government assistance (Medicare Part D, State Prescription programs, Veteran's Assistance, etc.) before applying to the Bayer Patient Assistance Program.

Once it has been determined that the patient may be eligible for the Bayer Patient Assistance Program, the Doctor/Prescriber's office should call our toll-free number: **1-866-575-5002**, between 9 am and 5 pm EST.

We will fax the necessary paperwork to enroll the Doctor/Prescriber and their patients.

All forms must be completed by the Doctor/Prescriber and the patient or legal representative. Once the forms are completely filled out, they can be faxed or mailed back to us. A copy of all documentation should be kept for your records.

Patient must report **all** income, including salary, pension, Social Security, etc. for patient and spouse.

The Bayer Patient Assistance Program fax number and address are on the forms. **Incomplete forms will be returned and will delay processing time.**

Note:

1. It is important that an office fax number be provided since the majority of our correspondence is done via fax.
2. **We cannot ship to the patient's home, nor can we ship to a Post Office Box. We must have a street address in order to ship. If there is a suite number, please be sure to include that on the form.**
3. Accepted shipments are the responsibility of the Doctor/Prescriber's office. We cannot reship lost or misplaced medication once it has been signed for by the office.
4. If a patient no longer requires our assistance, we request that the patient or prescriber's office notify us immediately of this change.
5. No third party or patient will be charged for free product. No free product will be sold, traded or distributed for sale. Neither the patient nor the prescriber may seek reimbursement from any governmental program, including the Medicare Part D Prescription Drug Benefit plan for any free product received under the Bayer Patient Assistance Program and understand that the cost or value of any product received from the Bayer Patient Assistance Program **will not be applied towards any required payments of True Out-of-Pocket expenses in connection with Medicare.**