

ParaGard® IUC Reimbursement Checklist

The following checklist is designed to assist you with the reimbursement process for ParaGard®. Use this checklist as a guide when speaking to your patient's managed care organization (MCO) to ensure that you are asking all the required reimbursement questions. After completing the checklist, you may find it helpful to file it in your patient's chart for future reference.

To whom am I speaking today?

(Name) (Phone no.) (Ext.) (Date)

Be sure to get individual's full name and extension.

I am calling to verify whether _____ has coverage for ParaGard®.
(Patient's name)

_____ Yes _____ No

Please confirm _____'s deductible and co-pay.
(Patient's name)

_____ Deductible _____ Co-pay

What is the payable J7300? _____

If payable is less than the healthcare professional's cost, consider requesting an increased reimbursement rate.

Document response to request: _____

Does this patient's plan require submission of an invoice before we process reimbursement?

_____ Yes _____ No

Explanation: _____

Additional notes: _____

Has insurance verification for ParaGard® been confirmed?

Yes No

For alternative payment options for your patients, please refer to the reverse side.

The ParaGard[®] Patient Payment Plan

This plan provides convenient payment options for patients who do not have or will not use insurance coverage to purchase ParaGard[®].

- Offers eligible patients the flexibility of 12 monthly installments of approximately \$40 each or a one-time payment in full*
- Includes a full refund of IUC cost within the first 150 days after placement if patients are not satisfied*

Enrollment Is Simple

1. To order ParaGard[®], patients may call 1-877-ParaGard (727-2427).
2. Payment will be charged to patient's credit card over 12 monthly installments or a one-time payment in full.*
3. ParaGard[®] will be shipped directly to the healthcare professional's office.

*For complete details, patients may call
1-877-ParaGard (727-2427) or visit www.paragard.com.*

*Costs associated with insertion or removal of ParaGard[®] are the responsibility of the patient.

Please see accompanying full Prescribing Information.

ParaGard[®] T 380A ♀
intrauterine copper contraceptive
Fits her life to a "T"

ParaGard[®] is a registered trademark of Duramed Pharmaceuticals, Inc.



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