accord Cares®

UDENYCA® pegfilgrastim-cbqv Injection 6 mg/0.6 mL

*Denotes REQUIRED Information

PATIENT CONSENT

I authorize my physician(s) and their staff and my health insurance plan to disclose my personal information, which may include health, demographic, and other individually identifiable information, including insurance and financial information to Accord BioPharma, Inc., its affiliates, partners, assignees, or acquirers, its program administrator, and their respective agents, service providers and field reimbursement professionals for the purpose of:

- Verifying or coordinating insurance coverage or otherwise obtaining payment for my treatment with the prescribed drug
- Coordinating my receipt of the prescribed drug
- Determining eligibility and managing the AccordCares® Co-Pay Savings and Patient Assistance Programs
- Providing me with information about the prescribed drug
- Providing me with information on external resources that might be available to me
- Assisting me or my provider with co-pay support for the prescribed drug
- Assisting me or my provider with insurance coverage and reimbursement support services, including benefits verification checks, prior authorizations, claim reviews and denials, or searching for alternative funding from charitable foundations

I understand that Accord will disclose my health information to my pharmacies, health insurer(s), healthcare providers, caregivers, and other third parties for the purposes described above, and as otherwise permitted by law, Accord may contact me directly. I understand that once my Protected Health Information is disclosed as permitted by this authorization it may be redisclosed by Accord and will no longer be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or other federal privacy laws. I understand that I may refuse to sign this authorization. I may also revoke (withdraw) this authorization at any time in the future by contacting my Prescriber, or AccordCares at 1-844-483-3692. My refusal or future revocation will not affect the commencement or continuation of my treatment by my Prescriber; however, if I do not sign or revoke this authorization, I will no longer be eligible to participate in AccordCares. If I revoke this authorization, my revocation will not affect Protected Heath Information previously disclosed in reliance upon this authorization. I understand and agree that this authorization will remain valid for 5 years after the date of my signature unless I revoke it earlier. I understand that I may receive a copy of this authorization.

I certify that the personal information that I provide to AccordCares is true and complete. I agree that, at any time during my participation in AccordCares, additional documentation to verify my personal information may be requested, if there is missing information or I do not respond to requests for additional documents, my participation may be delayed, or I may no longer be able to participate.

ACCORD PATIENT CONSENT & PRIVACY NOTICE (Required)*

☐ I consent to the collection, use, and disclosure of my personal health data by Accord as described in the ACCORD PATIENT CONSENT section above. My consent is required to process personal data under certain privacy laws, and I have the right to withdraw my consent by calling AccordCares at 1-844-483-3692 or by writing to PO Box 7613, Overland Park, Kansas, 66207.

PATIENT TEXT MESSAGE (Optional Consent)

☐ Accord may use automatic dialing machines or artificial or prerecorded messages to contact me and may leave a voicemail or SMS/text message. Accord may send automated and recurring text messages from AccordCares or Accord, including service updates, marketing messages, refill reminders, and other notifications (standard text messaging rates may apply). SMS/text messages from AccordCares will be sent to the mobile phone number provided. Reply HELP for help or STOP to cancel.
I understand that I am not required to provide this consent as a condition of purchasing any goods or services.

MARKETING (Optional Consent)

☐ I consent to the collection, use, and disclosure of my health-related personal data to receive communications from AccordCares or Accord, regarding its products, programs, services, scientific research and other research opportunities. My consent is required to process personal data under certain privacy laws, and I have the right to withdraw my consent by calling AccordCares at 1-844-483-3692 or by writing to PO Box 7613, Overland Park, Kansas, 66207.

Signature:* Date:* / /

Patient or Patient Representative Name:*

Relationship to Patient:* Patient Date of Birth:* / /