The RILUTEK® REIMBURSEMENT ACCESS SUPPORT PROGRAM

Patient Enrollment & Acceptance Form

Coverage eligibility for medications such as Rilutek® (riluzole tablets) from your Group Health Drug Plan, Private Medical Insurance or Provincial Formulary Exemption options may be difficult to access and highly conditional. Depending upon how well you present your case for coverage eligibility with the drug claims department of various payers, you may risk being denied eligibility for coverage, simply on the basis of a poor interpretation, misunderstanding or an incomplete pre-authorization submission.

Don't take the chance to have your claim denied and miss out on benefits you may be entitled to.

Let the experts at Medicum work on your behalf to **maximize your chances of getting full medical support coverage for medications and other benefits** that are important to the successful management of your condition.

Medicum is Canada's leading patient support advocacy that has worked on behalf of thousands of patients and their families. Their highly experienced Patient Benefit Advocates will thoroughly investigate and assist you with your request for benefit eligibility. Assistance in not only gaining reimbursement for medications, but also helping you to access coverage for medical devices, physiotherapy, home nursing or other health care benefits that may be important in the management of your overall condition. Best of all, it is a free service for you underwritten by sanofi-aventis Canada Inc. ... **and it's fully confidential.**

MEDICAL INSURANCE INVESTIGATION AUTHORIZATION: (To be completed by patient or family member)

To Whom It May Concern,

I hereby authorize MEDICUM to investigate and determine on my behalf or that of my dependent, any and all information related to my insurance coverage and its conditions as it relates to medications or other medical benefits associated to my medical treatment. I acknowledge that in investigating my full benefit potential, Medicum will need to contact my insurer or that of my dependent, or my physician for additional information. In order to assist Medicum with my file, I hereby provide the following background information, which I confirm is accurate and complete, as well as a signature of authorization and consent below. I also authorize the release of my personal information collected on this form and during my enrollment in the Program, to potential payers or reimbursement organizations to determine my eligibility for coverage. I hereby direct third party plans in which I am eligible for prescription and other health-related benefits to release coverage information related to my policy to the Program. I understand that all personal information collected by the Program will be handled in accordance with the Program's Privacy Policy, and I hereby consent to the collection, use and disclosure of my personal information in accordance with the Program's Privacy Policy. I also acknowledge that I have familiarized myself with the Privacy Policy of the program as summarized below.

Applicant's Authorization:_____ Date:_____
(Please Sign Here)

PATIENT'S GROUP HEALTH PLAN OR INSURANCE MEMBERSHIP AUTHORIZATION:

Patient Name: _____
Date of Birth: _____
Patient Address: _____
City: _____
Province:_____ Postal: _____
Telephone: _____
Attending Physician: _____
Physician's Telephone: _____
Plan Member: _____
Plan Member Date of Birth: _____

Employer: _____
Group Health Insurer:_____
Policy #: _____
Group #:_____I.D.#:_____
Employee Status: [ ] Active [ ] Retired

PRIVATE INSURANCE MEMBERSHIP:
Insurer : _____
Policy #: _____
Contact Telephone #: _____

PROTECTION OF CONFIDENTIAL INFORMATION:

Sanofi-aventis Canada Inc. has entrusted the administration of this program to Medicum Patient Assistance Program Inc., located at 1000 Saint Charles Avenue – Suite 809, Vaudreuil-Dorion, QC J7V 8P5. The information which you have provided will be retained by Medicum Patient Assistance Program Inc. and will be kept strictly confidential. The information will only be accessible by authorized personnel directly involved in the administration of the Rilutek® Reimbursement Access Support Program. In the event that the Rilutek® Reimbursement Access Support Program is cancelled or transferred to another program administrator, the same confidentiality would be ensured and you would be informed of the modifications. You are also entitled to access your personal information and, where appropriate, correct same as provided by law.

PHYSICIAN'S NOTICE OF MEDICAL NECESSITY AUTHORIZATION (Optional):

I hereby acknowledge that I am the patient's attending physician and that the applicant and/or their spouse or dependent is my patient. Further, I confirm that the patient has been prescribed Rilutek® (riluzole tablets) within approved product indications as per Health Canada.

Physician's Acknowledgement:_____ Date:_____
(Please Sign Here)

PLEASE FAX OR SEND IN THE COMPLETED FORM TO THE ADDRESS INDICATED BELOW:

Fax: **1-877-787-3376 (Toll-Free)**
Telephone: **1-866-474-5883 (Toll-Free)**
Mail: **Medicum Patient Assistance Program**
472F Main Road
Hudson, QC J0P 1H0

Medicum prides itself on maintaining patient information and patient confidentiality consistent with the Canadian "Personal Information Protection and Electronic Documents Act (PIPEDA)" and applicable Quebec privacy legislation for the healthcare sector. To find out more about Medicum and our compliance practices, please call toll-free at 1-877-787-3228.

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Because health matters