



# Step-by-Step Guide for Requesting a Rebate from the Treatment Administration Rebate Program

## Do you need to submit a rebate request for your infusion with SIMPONI ARIA<sup>®</sup>?

In some cases, you are responsible for paying out-of-pocket (OOP)\* costs for your infusion administration to your treatment provider.

**If you do NOT have an OOP cost responsibility to your treatment provider for your infusion administration, you SHOULD NOT submit a rebate request.**

\*Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductible, co-pay, and co-insurance for covered services, plus all costs for services that aren't covered.

## Not sure if you have an out-of-pocket (OOP) cost for your infusion administration?

1. **Check your Explanation of Benefits (EOB)** from your primary health insurance provider and secondary, if applicable, for the date you received your SIMPONI ARIA<sup>®</sup> infusion. Contact your health insurance provider(s) if you do not have your EOB(s).
  - Is the amount listed under “amount you owe” or “patient responsibility” greater than \$0? If yes, proceed to next step  
**If \$0, you do NOT have an OOP cost responsibility for your infusion administration and you SHOULD NOT submit a rebate request.**
2. **PAY your treatment provider and obtain a receipt** BEFORE submitting a rebate request.
  - ☐ Receipt should include your name, medicine (SIMPONI ARIA<sup>®</sup> or J1602 or NDC# 57894-0350-01), treatment date, and amount you paid for your infusion administration.
  - OR**
  - ☐ If you are unable to obtain a receipt or if your receipt does not contain all the above documentation, complete the “Alternate Proof of Payment” section on the Rebate Request Form (reverse side) with your treatment provider.

After completing steps 1 and 2 above, you are ready to submit a rebate request.

## How to submit a rebate request

1. You must be enrolled in the J&J withMe Treatment Administration Rebate Program BEFORE submitting a rebate request. You can enroll online at [Account.JNJwithMe.com](https://Account.JNJwithMe.com), by calling 877-227-3728, or by completing and submitting the **Enrollment Form**, available at [JNJwithMe.com/SimponiAria-TARP-enrollment](https://JNJwithMe.com/SimponiAria-TARP-enrollment).
2. **Submit a rebate request using one of the following methods:**
  - ☐ ONLINE at [Account.JNJwithMe.com](https://Account.JNJwithMe.com). You DO NOT need to include the Rebate Request Form on the next page UNLESS you are using it to document proof of payment to your treatment provider.
  - OR**
  - ☐ By MAIL or FAX. You MUST COMPLETE AND SIGN the Rebate Request Form on the next page.
3. **You MUST SUBMIT both of the following documents with your rebate request:**
  - ☐ **Explanation of Benefits (EOB)** from your primary health insurance provider and secondary, if applicable.
  - AND**
  - ☐ **Proof of Payment to Treatment Provider** showing you paid your treatment provider for your treatment administration (NOT your medicine cost).

If you are eligible for a rebate, you will receive a check in about 2-3 weeks.



# Treatment Administration Rebate Program

## Rebate Request Form

Please see previous page for a Step-By-Step Guide for Requesting a Rebate.

Complete this form IF you are:

- Submitting rebate request by MAIL or FAX, OR
- Submitting rebate request ONLINE at [Account.JNJwithMe.com](https://Account.JNJwithMe.com) AND are using this form to document proof of payment to your treatment provider

**Rebate requests must be submitted within 365 days of the date of service.**

Complete the information below. \*Required

The information you provide will only be used by Johnson & Johnson Health Care Systems Inc., our affiliates, and our service providers to provide benefits to you related to your participation in the J&J withMe Treatment Administration Rebate Program for SIMPONI ARIA<sup>®</sup>. If you want to stop receiving this information or service, you may withdraw from the program by calling 877-227-3728. Our Privacy Policy, available at [Privacy Policy](#), governs the use of the information you provide.

☐ By providing consent, you agree to the collection and use of your Sensitive Personal Information (SPI). Examples of SPI may include, but are not limited to, health-related information. We use this information consistent with our Privacy Policy, including to personalize the information you receive, fulfill any requests you submit, and to research, develop, and improve our products and services. By checking the box, you indicate that you read, understand, and agree to such collection and use of your SPI.

\*NAME \_\_\_\_\_ EMAIL \_\_\_\_\_ \*PHONE \_\_\_\_\_

\*11-DIGIT MEMBER ID# \_\_\_\_\_ \*DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_ \*SEX ☐ Male ☐ Female  
(issued with enrollment confirmation)

\*ADDRESS \_\_\_\_\_ \*CITY \_\_\_\_\_ \*STATE \_\_\_\_\_ \*ZIP CODE \_\_\_\_\_

You may not seek payment for the value received from this program from any health plan, patient assistance foundation, flexible spending account, or healthcare savings account. This program is only for people age 2 or older using commercial or private health insurance for their prescribed SIMPONI ARIA<sup>®</sup> treatment. This includes plans from the Health Insurance Marketplace. This program is not for people who use any state or federal government-funded healthcare program. Examples of these programs are Medicare, Medicaid, TRICARE, Department of Defense, and Veterans Administration.

You must meet the program requirements every time you use the program. Program terms will expire at the end of each calendar year. The program may change or end without notice, including in specific states. Not valid for residents of MA, MN, or RI. To use this program, you must follow any health plan requirements, including telling your health plan how much co-payment support you get from this program. By getting a Treatment Administration Rebate Program benefit, you confirm that you have read, understood, and agree to the program requirements on this page. You need to submit a rebate request with an Explanation of Benefits (EOB) and proof of provider payment to get payment under the Treatment Administration Rebate Program. Offer good only in the United States and its territories, excluding states noted above. Void where prohibited, taxed, or limited by law. REBATE FORM CANNOT BE BOUGHT, TRANSFERRED, OR SOLD. REBATE FORM CANNOT BE COMBINED WITH ANY OTHER OFFER, DISCOUNT, OR FREE TRIAL COVERING TREATMENT ADMINISTRATION.

By signing, dating, and submitting this form, you confirmed that you have already enrolled in J&J withMe Treatment Administration Rebate Program. J&J withMe cannot process this rebate form if you are not enrolled in the program. In addition, you indicate you read, understand, agree, and meet the terms and conditions on this form, as well as the eligibility requirements which were explained to you when you enrolled in the program, which may also be found in the J&J withMe Treatment Administration Rebate Program Brochure.

\*Patient  
Signature

\*Date

### Alternate Proof of Payment (Complete the below section ONLY if you do not have the required receipt noted on the previous page.)

**Treatment Provider:** By signing below, you are confirming the patient has paid for their out-of-pocket treatment administration costs and was treated with SIMPONI ARIA<sup>®</sup> (J1602) on the date below.

\*Treatment Site  
Representative  
Signature

\*Print  
Name

\*Date

\*Treatment Site  
Name/Location

\*Date of  
Treatment

You can submit a Rebate Request Form by MAIL, FAX, or ONLINE (if required):



#### Mail

J&J withMe  
Treatment Administration Rebate Program  
2250 Perimeter Park Drive, Suite 300  
Morrisville, NC 27560



#### Fax

844-678-TARP  
(844-678-8277)



#### Online

[Account.JNJwithMe.com](https://Account.JNJwithMe.com)

Complete & submit this form online if treatment site representative signature is required for proof of provider payment.

Please read the full [Prescribing Information](#), including Boxed Warning, and [Medication Guide](#) for SIMPONI ARIA<sup>®</sup> and discuss any questions you have with your doctor.