



Step-by-Step Guide for Requesting a Rebate from the Observation Rebate Program

What is the Observation Rebate Program (ORP)?

After each SPRAVATO® session, there will be an observation period of at least 2 hours. During this time, you will be allowed to rest comfortably while a healthcare provider monitors you. If you're eligible, you can pay \$0 after rebate for this observation period for each SPRAVATO® treatment session with the SPRAVATO withMe Observation Rebate Program. There is a maximum program benefit of \$500 per calendar year. Not valid for residents of MA, MI, MN, or RI. See [program requirements](#).

How do you know if you need to submit a rebate request?

If you made a payment to your treatment provider to cover costs of the observation period after a SPRAVATO® treatment session, you can submit a rebate request to the SPRAVATO withMe Observation Rebate Program.

Before submitting a rebate request

- You must be enrolled in the SPRAVATO withMe Observation Rebate Program. You can enroll online at SpravatoORPEnrollment.com or by calling 844-4S-WITHME (844-479-4846). Rebate requests must be submitted within 270 days of the date of service
- You must have first paid your treatment center for your treatment observation period

How to submit a rebate request

- 1 Complete rebate form on the next page and sign
 - 2 Gather your proof of payment (receipt)
 - Make sure your receipt includes the treatment date and the amount you paid for your treatment observation (not your medication cost)
- OR**
- If you are unable to obtain a receipt that includes the amount you paid for your treatment observation, complete the "Alternate Proof of Payment" section on the next page with your treatment provider
- 3 Submit rebate request form, along with your receipt, online, by fax, or by mail

**Online:**SpravatoORPEnrollment.com**Fax:**

833-512-0493

**Mail:**Observation Rebate Program
2250 Perimeter Park Drive, Suite 300
Morrisville, NC 27560

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

Please read full [Prescribing Information](#), including **Boxed WARNINGS**, and [Medication Guide](#) for SPRAVATO® and discuss any questions you may have with your healthcare provider.



Observation Rebate Program Rebate Request Form

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

Complete the information below. *Required

The information you provide will only be used by Janssen Pharmaceuticals, Inc., our affiliates, and our service providers, to provide benefits to you related to your participation in the SPRAVATO withMe Observation Rebate Program. If you want to stop receiving this information or service, you may withdraw from the program by calling 844-4S-WITHME (844-479-4846). Our Privacy Policy, available at [Spravato.com/Privacy-Policy](https://spravato.com/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 _____ E-mail _____ *Phone _____

Gender Male Female

*Member ID (issued with enrollment confirmation) _____ *Date of Birth (mm/dd/yyyy) _____

*Address _____ *City _____ *State _____ *ZIP _____

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 18 or older using commercial or private health insurance for their SPRAVATO® 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 be enrolled in the SPRAVATO® Risk Evaluation and Mitigation Strategy (REMS). Learn more at [SpravatoREMS.com/Patients](https://spravatoREMS.com/Patients).

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, MI, 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 SPRAVATO withMe Observation 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 proof of provider payment to get payment under the SPRAVATO withMe Observation Rebate Program.** Rebate requests must be submitted within 270 days of the date of service. 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 OBSERVATION.

By signing, dating, and submitting this form, you confirmed that **you have already enrolled in the SPRAVATO withMe Observation Rebate Program. SPRAVATO 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 at [Spravato.com/Observation](https://spravato.com/Observation).

I _____ attest that a payment for \$ _____ was made for my treatment observation with SPRAVATO® on _____.

*Patient Name

*Amount Paid to Provider

*Date of Service

*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 observation costs listed above and was treated with SPRAVATO® (G2082, G2083, S0013, or J3490) on the date below.

*Treatment Site
Representative
Signature

*Print
Name

*Date

*Treatment Site
Name/Location

*Date of
Treatment

You can submit online,
by fax, or by mail:



Online:
[SpravatoORPEenrollment.com](https://spravatoORPEenrollment.com)



Fax:
833-512-0493



Mail:
Observation Rebate Program
2250 Perimeter Park Drive, Suite 300
Morrisville, NC 27560

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