



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

Do you need to submit a rebate request for your treatment observation with SPRAVATO®?

In some cases, you are responsible for paying out-of-pocket* costs for your treatment observation to your treatment provider. If you do not have an out-of-pocket cost responsibility to your treatment provider for your treatment observation, 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 cost for your treatment observation?

- 1 Check your Explanation of Benefits (EOB)** from your primary health insurance provider and secondary, if applicable, for the date you received your SPRAVATO® treatment. 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 out-of-pocket cost responsibility for your treatment observation and you should not submit a rebate request.

- 2 PAY your treatment provider and obtain a receipt** before submitting a rebate request.

• Receipt must include:

- Your name
- Treatment date
- Medication name (SPRAVATO®, G2082, G2083, S0013, or J3490 along with NDC# 50458-0028-02 or 50458-0028-03)
- Amount you paid for your treatment provider for your treatment observation

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 (next page) 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 SPRAVATO withMe Observation Rebate Program before submitting a rebate request. You can enroll online at [SpravatoORPEnrollment.com](https://www.spravato.com/enrollment) or by calling 844-4S-WITHME (844-479-4846). Rebate requests must be submitted within 270 days of the date of service.
- 2** Submit a rebate request online, by fax, or by mail. 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 observation (NOT your medication cost)

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

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



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](#) 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 <input type="checkbox"/> Male <input type="checkbox"/> 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](#).

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 an Explanation of Benefits (EOB) and 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](#).

*Patient Signature		*Date	
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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 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:** SpravatoORPEnrollment.com
- Fax:** 833-512-0493
- Mail:** Observation Rebate Program
2250 Perimeter Park Drive, Suite 300
Morrisville, NC 27560

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

