gammaCore Sapphire™

Patient Enrollment Form

Customer Service: (844) 632-9264
Fax completed form to: (877) 427-4186
Email completed form to: gammaCAREdirect@asembia.com

*Indicates required field

Prescription Information

*Patient Name (Last, First)

*Date of Birth | *Gender ☐ M ☐ F

*Address (Cannot be a PO Box)

*City | *State | *Zip

*Home Phone | *Cell

*Email | SSN

Emergency Contact | Phone

Device **gammaCore Sapphire**

*Date | *Days Supply **31**

*Quantity **1** | *Refills

Sig (Directions): gammaCore Sapphire™ (non-invasive vagus nerve stimulator) is indicated for the acute treatment of pain associated with episodic cluster headache, migraine, and adjunctive use for the preventative treatment of cluster headache in adult patients. Please refer to the gammaCore Instructions for Use for all of the important warnings and precautions before using or prescribing this product.

Provider Attestation

By signing below, I verify that the information being disclosed in this enrollment form is complete and accurate to the best of my knowledge. I understand that ASPN Pharmacies, LLC (ASPN) reserves the right at any time and for any reason, without notice, to modify this enrollment form or to modify or discontinue any services or assistance provided through this Program. I understand that gammaCore Sapphire ("gC-Sapphire") and the gammaCore Refill Cards ("gC Refill Cards") have distinct NDC Numbers. I authorize ASPN or one of its member pharmacies to dispense either the gC-Sapphire kit or gC Refill Cards where therapeutically appropriate for the patient upon receipt of this enrollment form and for when refilling this prescription. I authorize ASPN as my designated agent to use and disclose my patient's protected health information as may be necessary for treatment, payment, and healthcare operations, including to verify the accuracy of any information provided, to verify patient eligibility, to provide for payment and reimbursement, and to forward the above prescription information, by fax or other mode of delivery, to a pharmacy for fulfillment. Finally, I allow ASPN to email me regarding prescription status updates and act as my prior authorization agent in dealing with prescription and medical insurance companies.

*Prescriber's Signature | *Date of Signature

Signature is required to process the prescription.
Stamped signatures are not permissible.

electroCore®

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Primary Prescription Insurance

(1) Fill in fields with pharmacy insurance information (NOT medical), OR
(2) Fax Patient Demographic Information or Patient Insurance Card along with enrollment form.

*Insurance Name | Pharmacy Help Desk Phone

Policy Holder Name | *Relationship to Patient

*Member ID | *Group ID

*Rx BIN | *PCN

Medical Insurance Information

*Primary Insurance | *Phone

*Member ID | *Group ID

Secondary Insurance | Phone

Member ID | Group ID

Prescriber Information

*Prescriber Name (Last, First)

*NPI

*Prescriber's Primary Specialty ☑ Neurology ☐ Other_____

*Prescriber Phone 215-957-9250 | *Fax 215-957-9254

*Address 1151 Old York Road, Suite 200

*City Abington | *State PA | *Zip 19001

Email

Tax ID | DEA

Prescriber Office Contact Information

*Office Contact Name (Last, First)

*Email | *Phone 215-957-9250

Clinical Information

*Diagnosis
- ☐ G43.709 - Chronic migraine without aura, not intractable, without status migrainosus
- ☐ G43.719 - Chronic migraine without aura, intractable, without status migrainosus
- ☐ G44.011 - Episodic cluster headache, intractable
- ☐ G44.021 - Chronic cluster headache, intractable
- ☐ Other _____

History of, or at risk for, severe allergic reaction to:

Terms and Conditions

CO-PAY ASSIST

1. This offer is valid for commercially-insured patients and is good for use only with a gammaCore Sapphire or gammaCore-S prescription at the time the prescription is filled. **2. Depending on your insurance coverage, eligible insured patients will receive up to $100 of assistance for their monthly out of pocket costs for up to 12 months of treatment prescribed with a gammaCore Sapphire or gammaCore-S device.** Check with your pharmacist or healthcare provider for your copay discount. Patient out-of-pocket expense may vary. **3.** This offer is not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs, including a state medical or pharmaceutical assistance program, or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescriptions or if you are covered by insurance in states that have an all-payer anti-kickback law or insurance that is paying the entire cost of the prescription. **4.** Patients may not participate in this offer while receiving any additional co-pay assistance or charitable organization support for gammaCore. **5. Each offer is valid for up to 12 months of gammaCore Sapphire or gammaCore-S prescription treatment. An explanation of benefits statement must be faxed in before each use to verify the benefit needed. 6.** Offer only valid for patients 18 or over. **7.** Limit of 1 offer per patient. **8.** electroCore reserves the right to rescind, revoke, or amend this offer without notice. **9.** Offer good only in the USA, including Puerto Rico, at participating pharmacies or healthcare providers. **10.** Offer void in Massachusetts. **11.** Void if prohibited by law, taxed, or restricted. **12**. This offer is not transferable. **13.** This offer is not insurance. **14.** By redeeming this offer, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer.

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