

RHEUMATOLOGY SUBSEQUENT VERIFICATION PROGRAM (RSVP) ▶ Page 1 of _____ pages.

ENROLLMENT FORM

for Rituxan® (rituximab) and ACTEMRA® (tocilizumab) IV

Phone: (866) 681-3261 Fax: (866) 681-3288

Customer Service Hours: 6 a.m.–5 p.m. PT, Monday through Friday

To enroll your practice in RSVP for Rituxan and/or ACTEMRA IV patients, please complete this form and fax it to **(866) 681-3288**. Please write legibly and complete all sections to prevent delays.

PHYSICIAN

Physician Name: _____

NPI* #: _____

*National Provider Identifier.

PRACTICE

Practice Name (use legal entity name): _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Fax: _____

NPI #: _____

PRACTICE CONTACT

Name: _____

Phone: _____

Fax: _____

Email: _____

Preference for benefits investigation (BI) results (select one):

☐ My Patient Solutions® for Health Care Practices

☐ Fax

PERMISSION

☐ My patients have signed the Patient Consent Form, indicating they have given Rituxan Immunology Access Solutions or ACTEMRA Access Solutions permission to contact them directly for missing or additional information. I do not have any objections to Rituxan Immunology Access Solutions or ACTEMRA Access Solutions contacting my patients.

The Patient Consent Form is valid through the date specified on the form (3 years).†

RITUXAN ENROLLMENT

☐ Please enroll my practice in RSVP for Rituxan for rheumatoid arthritis (RA).

Preferred time interval for Rituxan BIs:

☐ 4 Months ☐ 5 Months ☐ 6 Months

☐ Other _____

This time interval applies to **all** Rituxan patients enrolled in Rituxan Immunology Access Solutions who are treated by the physician indicated. The turnaround time for Rituxan Immunology Access Solutions to conduct scheduled BIs is **2 weeks** upon receipt of all necessary information from your practice.

ACTEMRA IV OPT-OUT

☐ My practice does **not** want annual RSVP for my ACTEMRA IV patients.

†Except where prohibited by state law.

Please see page 2 of this form to add additional physicians and/or practices.

The completion and submission of reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.

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Please use this page to enroll additional physicians and/or practices. You may copy this page as necessary.

ADDITIONAL PHYSICIAN/PRACTICE	
PHYSICIAN	Physician Name: _____
	NPI #: _____

ADDITIONAL PHYSICIAN/PRACTICE	
PHYSICIAN	Physician Name: _____
	NPI #: _____

ADDITIONAL PHYSICIAN/PRACTICE	
PRACTICE	☐ Same as page 1. Practice Name (use legal entity name): _____
	Street Address: _____
	City: _____ State: _____ ZIP: _____
	Phone: _____
	Fax: _____
	NPI #: _____

ADDITIONAL PHYSICIAN/PRACTICE	
PRACTICE	☐ Same as page 1. Practice Name (use legal entity name): _____
	Street Address: _____
	City: _____ State: _____ ZIP: _____
	Phone: _____
	Fax: _____
	NPI #: _____

ADDITIONAL PHYSICIAN/PRACTICE		
RITUXAN ENROLLMENT	☐ Please enroll my practice in RSVP for Rituxan for RA.	
	Preferred time interval for Rituxan benefits investigations (BIs): ☐ 4 Months ☐ 5 Months ☐ 6 Months ☐ Other _____	
	This time interval applies to all Rituxan patients enrolled in Rituxan Immunology Access Solutions who are treated by the physician indicated. The turnaround time for Rituxan Immunology Access Solutions to conduct scheduled BIs is 2 weeks upon receipt of all necessary information from your practice.	

ADDITIONAL PHYSICIAN/PRACTICE		
RITUXAN ENROLLMENT	☐ Please enroll my practice in RSVP for Rituxan for RA.	
	Preferred time interval for Rituxan BIs: ☐ 4 Months ☐ 5 Months ☐ 6 Months ☐ Other _____	
	This time interval applies to all Rituxan patients enrolled in Rituxan Immunology Access Solutions who are treated by the physician indicated. The turnaround time for Rituxan Immunology Access Solutions to conduct scheduled BIs is 2 weeks upon receipt of all necessary information from your practice.	

ADDITIONAL PHYSICIAN/PRACTICE	
ACTEMRA IV OPT-OUT	☐ My practice does not want annual RSVP for my ACTEMRA IV patients.

ADDITIONAL PHYSICIAN/PRACTICE	
ACTEMRA IV OPT-OUT	☐ My practice does not want annual RSVP for my ACTEMRA IV patients.

Rituxan® is a registered trademark of Biogen.

ACTEMRA® is a registered trademark of Chugai Seiyaku Kabushiki Kaisha Corp., a member of the Roche Group.