



# Patient Consent for Patient Assistance Program

## Fax completed form to 1-800-645-9043



This should **only** be completed to determine eligibility for the Patient Assistance Program (PAP).

### 1 Patient Information

Patient's Name: \_\_\_\_\_ Sex:  Female  Male Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Select a Product:  ZEJULA® (niraparib)

### 2 Prescriber Information

Prescriber's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### 3 Patient Financial Information (Required)

Please note, eligibility for the PAP is based on the Federal Poverty Level and may change year to year.

Income will be verified using data from Experian Health. In cases where income cannot be verified, or there are discrepancies, additional proof of income may be required.

Annual Gross Household Income: \$ \_\_\_\_\_ # of Household Members (Including patient): \_\_\_\_\_

### 4 REQUIRED: Patient Signature for Income Verification

I understand that I am providing *written instructions* authorizing TESARO, Inc. and its vendor, under the Fair Credit Reporting Act ("FCRA"), to obtain information from my credit profile or other information from Experian Health, for the purpose of determining financial qualifications for programs administered by TESARO. I understand that I must affirmatively agree to these terms in order to proceed in this financial screening process. I promise that any information, including financial and insurance information that I provide, is complete and true. If my income or health coverage changes, I will call TOGETHER with TESARO at 1-844-2TESARO (1-844-283-7276). If eligible, I would like to be considered for programs administered by TESARO.

Patient's Name (Please print): \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Call us at 1-844-2TESARO  
(1-844-283-7276),  
Monday-Friday (8 AM to 8 PM ET)



Fax us the completed  
consent form at  
1-800-645-9043



Email us at [info@tesaroforyou.com](mailto:info@tesaroforyou.com)



Visit us at [www.TOGETHERwithTESARO.com](http://www.TOGETHERwithTESARO.com)

