

ENROLLMENT FORM



Please complete the form, sign, and FAX to 1-877-850-9901. For assistance, please call 1-877-4-BENLYSTA (1-877-423-6597) M-F, 8AM-8PM ET.

Benlysta Gateway Services

- Benefits verification and prior authorization research
- Prior authorization follow-up and appeal support
- Co-pay Program (**commercial only**)
- Specialty pharmacy (SP) triage

- Patient Assistance Program (PAP)
- Claims and billing support

BENLYSTA Cares Support (Optional): Disease-specific education, patient support services, and other communication

Patient Information *Indicates required fields

Last name*:		First name*:	
Street*:		City*:	
State*:	Zip*:	Email:	
Date of birth* (mm/dd/yyyy):	Gender:	Language preference (if other than English):	
Preferred phone #*:	<input type="checkbox"/> Home <input type="checkbox"/> Mobile	Alternate contact name:	
		Home or Mobile:	
		Alternate contact phone:	
Preferred time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		Alternate contact relationship to patient:	
Print name:		Relationship to patient:	

	PATIENT SIGNATURE REQUIRED HERE	Date:
	I have read and agree to the HIPAA Patient Authorization form (please see page 4).*	
	PATIENT SIGNATURE HERE	Date:
	I have read and agree to the OPTIONAL BENLYSTA Cares Support consent (please see page 5). If you have chosen to participate in the BENLYSTA Cares Program, please fill in your email on page 5..	

Insurance Information: Please provide front and back copies of all insurance cards

Private Commercial Medicare/Medicaid TRICARE No insurance

	Primary insurance	Secondary insurance	Pharmacy Insurance
Insurance provider			
Insurance Phone			
Cardholder name (if not the patient)			
Cardholder DOB			
Policy #			
Group #			
BIN/PCN	N/A	N/A	

Patient Assistance Program (PAP): Patient to complete only if requesting PAP

Uninsured and eligible Medicare patients who are prescribed BENLYSTA may be eligible for GSK's Patient Assistance Program (PAP). To find out if you qualify, please fill in the information below.

Annual pretax household income:	Number of family members living in household:
Medicare Beneficiary Identifier (MBI):	

Please note that this does not constitute health insurance. Applicants authorize the GSK Specialty PAP and its Administrators to obtain a consumer report. The consumer report, and the information derived from public and other sources, will be used to estimate income as part of the process to decide eligibility to receive free medication from the GSK Specialty PAP. Upon request, the GSK Specialty PAP will provide applicants with the name and address of the consumer reporting agency that provides the consumer report. The program may request additional documents and information at any time, even after enrollment, to determine if the information on the enrollment form is complete and true. For additional questions about eligibility please contact the BENLYSTA Gateway.