ViiVConnect

Comprehensive information on access and coverage to help patients get their prescribed ViiV Healthcare medicines

# ViiVCONNECT PATIENT SAVINGS PROGRAM

## This form is for ViiV Injectables only.

**Fax or mail** this form along with a detailed explanation of benefits* (EOB) to the fax number or address below to request payment from the program. You must include a copy of the receipt confirming payment to your healthcare provider. Reimbursements are limited to your incurred out-of-pocket costs identified in your EOB. If you have any questions, please contact us at **800-790-8997** or visit **ViiVConnect.com**.

**MAIL:** **ConnectiveRx**
Attn: ViiVConnect Patient Savings Program
P.O. Box 1326
Morristown, NJ 07962

**FAX:** **866-437-8798**

Patient Name | D.O.B. (mm/dd/yyyy) | Patient ID

Phone # | Alternate Contact

Street Address | City | State | ZIP Code

Date of Service (mm/dd/yyyy) | Provider Name

Patient Signature | Date

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**Note:** Payments will be made payable to the **Patient ONLY**. If you wish to have your payment mailed to some place other than the address above, you may provide that alternate mailing address below.

Mailing Address:

City | State | Zip Code

*A detailed EOB includes insurance carrier name and logo, name of the plan, patient's responsibility, date of service and drug code broken out by name, J-code or National Drug Code (NDC).

**For details on ViiVConnect Patient Savings Program eligibility, please scan the QR code or visit ViiVConnect.com to read the full eligibility requirements and restrictions.**


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ViiV Healthcare

ViiV Injectables