



ReUnite Reassurance Program Form

This program provides assistance to patients who have had a canceled fertility stimulation cycle due to COVID-19 (coronavirus)

Eligible Medications:

- Follistim AQ (Limit 2,700 IU)
- Ganirelix Acetate (Limit 5 Syringes)
- Pregnyl (Limit 10,000 IU)

Date : _____ / _____ / _____

ReUnite Reassurance Requirements:

- Self-pay patients
- Female patients affected by COVID-19 (coronavirus)
- Patient must have been on Follistim AQ during their canceled IVF cycle
- Medications were filled at a ReUnite Rx network pharmacy
- Must Meet one of the following requirements
 - Medical records confirming positive COVID-19 and canceled IVF cycle
 - Medical records confirming canceled IVF cycle and attestation from physician with reason for cancellation will be required. For patients in this circumstance, ReUnite needs to be notified the same day the stimulation is canceled.

Patient Name: (First, MI, Last): _____

Date of Birth: _____ / _____ / _____ Phone Number: _____

Cycle Cancellation Reason: _____

Cycle Cancellation Date: _____ / _____ / _____

Physician information

Physician Name: _____

NPI#: _____ Clinic: _____

I attest that the patient is canceling their cycle due to a positive COVID-19 (coronavirus) or being quarantined mid-cycle. I attest that the patient cycle is NOT being canceled due to poor response or other causes unrelated to the COVID-19 pandemic.

Physician signature: _____ Date: _____

Reunite Reassurance Program is not insurance. Offer is not valid for any prescription that is paid for, in whole or in part, or is eligible for payment, reduced copay, or reimbursement, by any third party employer or payer. Offer not valid for prescriptions that may be covered under any Federal, State, or government-funded healthcare program, such as Medicare, Medicare Advantage, Medicaid, Medigap, Veterans Affairs, the Department of Defense, or TR/CARE Use of this offer is confirmation that you are permitted, under the terms and conditions of the health benefit plan(s) covering your prescriptions.

**This form is not a prescription and does not represent an application for insurance.*

Toll Free: (844) 385-5403 | Fax: (214) 614-4332 | info@reuniterx.com | reuniterx.com

Please direct patient to reuniterx.com/coronavirus for complete terms and conditions