

Supplemental Reimbursement Program For a One-Time Physician Visit (“Program”) (U.S)

Detailed Completion of Form Required

Program Overview: St. Jude Medical (“SJM”) offers this program for the benefit of the patient with an existing St. Jude Medical (“SJM”) device affected by the October 11, 2016 Medical Advisory (“Advisory”) in the United States. Affected devices are those Fortify™, Fortify Assura™, Quadra Assura™, Quadra Assura MP™, Unify™, Unify Assura™ and Unify Quadra™ devices manufactured before May 23, 2015.

SJM will reimburse the patient for unreimbursed medical expenses (“UMEs”) incurred for a one-time office visit to assess Advisory related concerns. In such cases, SJM will cover the reasonable and documented UMEs incurred by such patient up to a one-time maximum benefit of One Hundred Fifty dollars (\$150), following SJM’s receipt of this completed and signed form, a copy of the final bill and the Explanation of Benefits (EOB) form provided by your insurance provider.

UMEs are defined as those portions of the medical office visit bill that is the patient’s financial responsibility after coverage determination has been established. Personal expenses are not covered.

Patient Contact Information				
Patient’s Name:				
Patient’s Address (“Residence”):	Street:	City:	St:	Zip:
Alternate Contacts:	Email:	Phone:		

Product and Clinic Information			
Device Model and Serial No.:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Model No.</td> <td style="width: 50%; border-bottom: 1px solid black;">Serial No.</td> </tr> </table>	Model No.	Serial No.
Model No.	Serial No.		
Date of Service:			
Clinic/Hospital Name:			
Clinic/Hospital Address:			
Clinic/Hospital Phone No.:			

By signing this form, the Patient represents that all information provided in this form is accurate and complete as of the time of submission of this form. Patient further verifies that the medical visit was specifically to assess his/her device affected by SJM’s October 11, 2016 Medical Advisory.

Patient Signature

Date

To initiate the reimbursement process, please send the following documentation to SJM’s Warranty department:

- This signed form;
- Copy of the Final Bill; and a
- Copy of the Explanation of Benefit form.

Please fax, email, or U.S. mail the documentation to:

Fax: 818 362 7932

Email: SYWarrantyDept@sjm.com

Phone: 800 423 5611, Option 6

Address: SJM Warranty Department, 15900 Valley View Court, Sylmar, CA 91342