

AstraZeneca Access 360™ Support Request Form



Phone: 844-ASK-A360 (844-275-2360) • Fax: 844-FAX-A360 (844-329-2360)

Online: www.MyAccess360.com • Email: Access360@AstraZeneca.com

Mail: One MedImmune Way, Gaithersburg, MD 20878

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Select Support:

Benefits Investigation

Prior Authorization:

Research

Follow-Up

Appeal Support

Affordability Support

Pharmacy: Research Submission Follow-Up

Pharmacy Name: _____

Phone: _____ Fax: _____

Additional Comments: _____

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Patient Information

Name (First, Last):	Patient Home Phone #:
DOB: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Patient Mobile Phone #:
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	Patient Email Address:
Address Street:	Caregiver Name: 1) _____ 2) _____
City:	Relationship to Patient: 1) _____ 2) _____
State: ZIP:	Caregiver Phone #: 1) _____ 2) _____

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Insurance Information No Insurance

	Primary Insurance	Secondary Insurance	Pharmacy Benefit
Insurance Provider Name:			
Cardholder Name (if not patient) / DOB:			
Group #:			
Policy # / Patient ID #:			
Insurance Phone #:			
BIN # / PCN #:			

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Prescriber Information | Provider Transaction Access Number (PTAN):

Prescriber Name:	Office Contact Name:
Practice Name:	Practice Address Street:
Prescriber Specialty:	City:
NPI #:	State: ZIP:
Tax ID #:	Telephone #: 1) _____ 2) _____
License #:	Fax #:
DEA #:	Email Address:
Medicaid Provider #:	Alternative Office Contact Name / Phone #:

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Prescription Information

Medicine Name: _____ Diagnosis Code: _____ Dose: _____

Quantity: _____ Refills: _____ Dosing Instructions: _____

Prescriber Name: _____ Original Signature: _____ Date: _____

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Remember to Apply Your Signature and Date This Request Authorization

By signing my name below, I certify that (1) I have received the necessary authorization to release the information included on this form and other related Protected Health Information (as defined by HIPAA) to AstraZeneca's Access 360, including employees, contractors, or affiliates of AstraZeneca, and health care plans for programs, dispensing pharmacy(ies) or other entities, for the purposes of treatment and payment support, and (2) I have obtained any necessary authorization to allow AstraZeneca Access 360 to contact the patient, if not included with this submission, to obtain a signed Access 360 Patient Authorization Form.

HCP Name: _____ Signature: _____ Date: _____

AstraZeneca Access 360™ Patient Authorization Form

Access 360 is an optional program provided by AstraZeneca for patients, their caregivers, family, and providers. Access 360 can help you understand your coverage and financial obligation for AstraZeneca medicines and provide you with resources to help with treatment and payment for treatment.

By signing my name below, I authorize my health care providers and staff, my health plan, and my pharmacies to use and share Protected Health Information (my "Information") with AstraZeneca (including Access 360) and its affiliates, as well as its contractors ("AstraZeneca"). My Information includes my prescription-related health records, information about my health care plan benefits, and any other information bearing on my health. My Information may be used to verify, investigate, and assist with coordination of coverage for AstraZeneca products; track my prescription as requested by my physician; contact me about patient assistance programs; and perform internal analysis at AstraZeneca to better meet patient needs. I understand that federal privacy laws may not protect my Information once it is disclosed; however, AstraZeneca agrees to protect my Information by using and disclosing it only for purposes specified. I understand that I can refuse to sign this Authorization and that this will not affect my treatment or payment for treatment, insurance coverage, or eligibility for benefits. However, if I do not sign this Authorization, I will not be able to receive Access 360 support. I understand that I may cancel this Authorization at any time by mailing a letter requesting such cancellation to One MedImmune Way, Gaithersburg, MD 20878. I understand that any such cancellation will not apply to any Information already used or disclosed based on this authorization prior to their receipt of the cancellation.

Patients are entitled to a signed copy. This authorization expires two (2) years from the date signed below, unless a shorter period is required by state law.

For completion by Patient or Legally Authorized Representative

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

Legally Authorized Representative Name (First, Last): _____

Email Address: _____

Mailing Address Street/Apt: _____

City/State/ZIP: _____

Relation to Patient: Patient Legally Authorized Representative of Patient

Patient or Legally Authorized Representative Signature: _____ **Date:** _____

AstraZeneca

Support Services



AstraZeneca Access 360™ has an experienced team of Patient Access Specialists ready to help you get started, get access, and connect you with affordability support to help patients get the AstraZeneca medicines they need. We also have a field-based team who can visit your office to provide information regarding how to access AstraZeneca medicines.

To request a visit from the Field Reimbursement Manager in your area, please call Access 360 at 844-275-2360.

Getting Started

Benefits Investigation

Access 360 can help you identify your patient's coverage, out-of-pocket costs, and pharmacy options.

Prior Authorization

Access 360 can help you understand insurance prior authorization requirements and obtain a response from insurance for submitted requests.

Pharmacy Research

Access 360 can help you identify your patient's pharmacy options and help with the prescription process.



Getting Access

Pharmacy Coordination

Access 360 can assist with pharmacy coordination, whether distribution is through a Specialty Pharmacy Provider, Specialty Distributor and in-office dispensing, retail pharmacy, home health, or any combination of these.

Appeal Support

Access 360 can review a denial and help you understand insurance appeal requirements and obtain a response from insurance for submitted requests.



Affordability Support

At AstraZeneca, we believe it's not enough for us to simply make medicines. We have to make sure that the people who need those medicines can get them. We offer a number of programs to help patients afford our medicines. To learn more, go to www.AstraZenecaSpecialtySavings.com.

