



PATIENT FINANCIAL RESPONSIBILITY FOR VEDOLIZUMAB (ENTYVIO) INFUSIONS

Northwest Gastroenterology's *Patient Care Agreement* outlines patient financial responsibilities, including responsibility for the financial costs of VEDOLIZUMAB (ENTYVIO) infusion. You should have already received a copy of the *Patient Care Agreement* to review and sign. The *Patient Care Agreement* is online at www.nwgastro.com/patient-information/financial-policy. As noted in the *Patient Care Agreement*, 24-hr notice to cancel/reschedule an infusion is required to avoid a \$25 fee.

Our office will request prior authorization for VEDOLIZUMAB (ENTYVIO) from your insurance company, which may take days to weeks depending on your insurance company. We will contact you when authorization has been obtained, at which point you can schedule your infusions. You are encouraged to contact your insurance company with any questions regarding your coverage.

We strongly encourage all patients receiving VEDOLIZUMAB (ENTYVIO) to apply for the ENTYVIO CONNECT cost-assistance program offered through Takeda (the manufacturer of VEDOLIZUMAB (ENTYVIO)). If you have insurance that covers medication costs for VEDOLIZUMAB (ENTYVIO), ENTYVIO CONNECT may provide a rebate for your out-of-pocket expenses (e.g., deductibles, co-payments, and co-insurance over \$50). ENTYVIO CONNECT information is available through our office or online at <https://www.entyvio.com/connect>. However, monitoring and maintenance of ENTYVIO CONNECT balances and expiration dates is solely your responsibility as the patient.

Northwest Gastroenterology does NOT guarantee insurance or ENTYVIO CONNECT coverage for VEDOLIZUMAB (ENTYVIO) infusion. You are personally responsible for any infusion expenses not covered by insurance or ENTYVIO CONNECT.

Patient Signature

Date

Printed Name