



B.E.N.TM

Berinert[®] Expert Network

6900 College Blvd | Ste 1000 | Overland Park, KS 66211

Toll-free number: 1-877-BEN-4HAE (1-877-236-4423)

Toll-free fax: 1-866-415-2162

Enroll in the Berinert Expert Network (B.E.N.TM) today to take advantage of all it has to offer!

- Insurance support
- Regular communications
- Help with getting access to Berinert when and where you need it
- Connection to U.S. HAE Association
- Unique programs and educational support

Berinert Expert Network (B.E.N.TM) Patient Enrollment Form

➤ STEP ONE: Patient Information (required for enrollment)

Name _____ Date of Birth _____
 Address _____
 City, State, Zip _____
 Phone Number _____ Email Address _____
 Please select: Male Female

➤ STEP TWO: Insurance Information

This section is required if you would like a free benefit investigation or to discuss your insurance benefits with B.E.N.TM. Otherwise, skip to STEP THREE.

Primary Insurance Company _____ Phone Number _____
 Policy Number _____ Group Number _____
 Policy Holder Name _____ Policy Holder Date of Birth _____

Secondary Insurance Company _____ Phone Number _____
 Policy Number _____ Group Number _____
 Policy Holder Name _____ Policy Holder Date of Birth _____

➤ STEP THREE: Physician Information

By filling in the information below, we will contact your physician to make him/her aware of Berinert and the B.E.N.TM program.

Physician Name _____
 Facility Name _____ Office Contact _____
 Office Phone Number _____ Office Fax Number _____

➤ STEP FOUR: Patient Authorization (required for enrollment)

Speak to a Patient Services Representative at the U.S. Hereditary Angioedema Association (HAEA)

The U.S. Hereditary Angioedema Association is a non-profit patient advocacy organization dedicated to providing wide-ranging services to HAE patients and pioneering new HAE research.

(Check box to opt-in) I authorize B.E.N.TM (CSL Behring Independent Contracted Insurance Counselors from AccessMED) to provide my contact information to the U.S. Hereditary Angioedema Association (HAEA) so that I may receive more information about Hereditary Angioedema and available services and speak to someone who has personal experience with HAE. The HAE patient association will never disclose personally identifiable information to an outside party. Access to your personal health information is strictly limited and tightly controlled.

The information on this form is accurate and complete. If I have provided my personal health insurance information, I hereby authorize my healthcare providers, health plans and insurers to release medical and other pertinent information to B.E.N.TM and/or its authorized designee for the sole purpose of determining medical insurance benefits.

Patient Signature _____ Date _____

Confidentiality: Confidentiality related to patient information is of utmost importance. As such, representatives of B.E.N.TM (AccessMED and/or its affiliate companies) and the aforementioned healthcare provider, by recognition of this form, state their compliancy with federal, state and local guidelines regarding patient confidentiality rights.

➤ STEP FIVE: Submit Form

Form can be faxed (1-866-415-2162) or mailed to Attn: B.E.N.TM, 6900 College Blvd, Ste 1000, Overland Park, KS 66211.