

PARI PROVIDE Compressor Access Program

The PARI PROVIDE Compressor Access Program is available for patients with commercial prescription insurance and who have a valid prescription for Kitabis® Pak tobramycin inhalation solution. **Once qualified patients complete the enrollment, the prescribing physician will be required to fax a prescription for the DeVilbiss PulmoAide 5650D compressor to PARI Customer Service at 1.800.727.4112.**

Available to patients with commercial insurance prescription coverage for Kitabis Pak. This program is not available to patients whose prescriptions are covered, in full or in part, under any federal, state, or government-funded insurance programs (for example, Medicare, Medicaid, TRICARE, Department of Defense or Veteran's Affairs programs) or where prohibited by law. Offer subject to change or discontinuance without notice.

1. Enrollment

- I have a prescription for Kitabis Pak tobramycin inhalation solution.
- I am a resident of the United States.
- My prescriptions are not paid for in part or full under any state or federally funded programs, including but not limited to Medicare, Medicaid, TRICARE, Department of Defense or Veteran's Affairs programs.

2. Patient Information

First Name: _____ Last Name: _____ Date of Birth: ____ / ____ / ____ Gender: M F
Address: _____ City: _____ State: _____ Zip: _____
Primary Contact: _____ Relationship: _____
Home Ph: (____) _____ Work Ph: (____) _____ Cell Ph: (____) _____ Email: _____
Preferred Ph: Home Work Cell

3. Prescriber Information

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary Contact: _____ Relationship: _____
Home Ph: (____) _____ Work Ph: (____) _____ Cell Ph: (____) _____ Email: _____
Preferred Ph: Home Work Cell

4. Prescription Information

Lot # on your Kitabis Pak Inhalation Solution box. Enter it exactly as it reads on the box: _____
Expiration Date: ____ / ____ / ____

This form requires that you submit personal health and contact information in order to enroll yourself or a patient you are a caregiver for in the PARI PROVIDE Compressor Access Program. As the individual enrolling in the Program, By signing below, you are confirming that you are 18 years of age or older and read and understand the Terms of Use and the Privacy Statement of PARI, that you understand that submission of personal health and contact information is required for participation in the Program, that you authorize PARI or its designee to utilize the personal health and contact information provided by you for the purpose of providing you with the benefits of the Program and otherwise fulfilling the objectives of the Program and you are freely providing this information to meet eligibility criteria for participation. If you are a caregiver to a patient, you are representing that you are duly authorized to provide this information, are freely providing it, and are authorized to receive the benefits of the Program on behalf of the patient. Program benefits include the fulfillment of the compressor, and delivery of patient education, Program updates, refill reminder and alerts, and other promotional materials by PARI its designee. You agree that such benefits can be sent to you via direct mail or email, or through telephone communication. By signing below, or by using this form, you are authorizing PARI or its designee to contact you by telephone, direct mail or email in order to receive the benefits. As the individual enrolling the patient or as the patient, you agree that you are 18 years of age or older.

Prescriber Signature (Required—No Stamps Allowed): _____ **Date (Required):** _____

Patient Authorization Signature: _____

Staff may contact patient pharmacy to obtain lot # information.

- Free DeVilbiss PulmoAide Compressor

PARI Respiratory Equipment, Inc. reserves the right to modify or discontinue the PARI PROVIDE Program or terminate assistance at any time.
Third Party reimbursement is affected by a range of factors; therefore, PARI Respiratory Equipment, Inc. cannot guarantee any coverage or reimbursement.

