

Medicare Annual Re-Enrollment Patient Attestation Form



AstraZeneca Prescription Savings Program

Important Note: Your prompt review and return of this form will allow us to continue processing your enrollment in the AZ&Me Program for the 2021 calendar year.

How to complete this form:

Online:

Go to **www.azandmeapp.com** and access the electronic version of this form under the Medicare Re-Enrollment Tab.

By Fax/Mail:

1. Review the information on this page carefully and save a copy for your records.

2. Complete this form and fax or mail it to:

Fax: 800-961-8323

Mail: PO Box 222178, Charlotte, NC 28222

Once we receive your attestation form, we will continue processing your enrollment for the 2021 calendar year. Upon completion, you will receive a determination letter in the mail.

NOTE: Attestation re-enrollment is for re-enrolling Medicare patients ONLY. Uninsured and first-time enrolling Medicare patients must submit a full enrollment form, available at www.azandmeapp.com.

Patient Attestation

By signing below, I attest that the following is accurate and true and understand that any misrepresentation of my information is grounds for removal from the AZ&Me Program:

1. I am still on therapy supported by the AZ&Me Program.
2. I am still in need of financial support.
3. I have had no changes in insurance status, income, or US residency status since my approval into the AZ&Me Program **that would make me ineligible for the Program.**

Patient Information

First Name: _____ Last Name: _____

DOB: ____/____/____ Street Address: _____
(MM/DD/YYYY)

City: _____ State: _____ Zip: _____

Signature: _____ Date: ____/____/____
(MM/DD/YYYY)



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Questions? Call **1-800-292-6363**
Monday–Friday, 9:00 AM to 6:00 PM ET
or visit **www.azandmeapp.com**