

Introducing the G1 to One™ Patient Support Program





## Your Single Source for Access and Affordability Solutions

Our team of reimbursement experts are available to answer questions regarding coverage, prior authorization, appeals, co-pay support, and more. Completing the G1 to One™ enrollment form enables your dedicated Case Manager to help streamline the process of getting your eligible patients started on therapy. Your Case Manager can offer one-to-one support to ensure your eligible patients have access to the therapy they need.

G1 to One offers a suite of solutions to common access and reimbursement hurdles, such as:

- Benefits verifications for patient coverage and out-of-pocket responsibilities
- Providing payer-specific guidance for prior authorizations and appeals to address patient needs
- Offering solutions for insurance-related delays
- Connecting patients, regardless of insurance type, to appropriate resources that can address high deductibles, co-pays/coinsurance, or even a lack of coverage\*

<sup>\*</sup>Patients must express need and meet certain eligibility requirements.

## Simple G1 to One™ Enrollment Process

Complete and submit the form to enroll patients in G1 to One.

- Download the enrollment form at www.G1toOne.com
- Fax the completed form to
   1-833-FAX-G121 (1-833-329-4121)
- Submitting the completed form will initiate
   a benefits investigation that includes coverage
   status, prior authorization requirements, and
   patient out-of-pocket treatment costs. This
   information will be provided to your practice<sup>†</sup>



## Resources to assist with coverage and reimbursement Download these helpful resources at www.G1toOne.com



Coding and Billing Guide



Letter of Medical Necessity Template



Appeals Letter Template

<sup>†</sup>Enrollment does not guarantee benefits.



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Visit www.G1toOne.com for additional information

