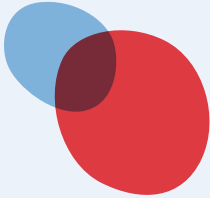




Introducing the G1 to One™ Patient Support Program





Your Single Source for Access and Affordability Solutions

Our team of reimbursement experts are available from 8 AM–8 PM ET 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*

*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†

G1 to One™ ENROLLMENT FORM FOR COSELA® (Infliximab)
This form is used to enroll patients on your enrollment form at 1-833-FAX-G121 (1-833-329-4121).

† Coverage subject to medical underwriting, prior authorization, exclusions, and/or special coverage.
‡ This form is not valid for enrollment in a Patient Assistance Program.

1. PATIENT INFORMATION

First Name	Patent Last Name	Gender	DOB	Phone	Date of Birth
Height (ft)	Weight (lbs)	Street Address	City		
State	ZIP Code	Phone #	Preferred Language		
Alt Contact First Name	Alt Contact Last Name	Alt Contact Relationship	Alt Contact Phone #		

2. PRESCRIBER/TREATMENT SETTING (PHYSICIAN ONLY)

Prescriber First Name*	Prescriber Last Name*	State Where Licensed*	State License #*
Prescriber Type	NPI #†	Facility #†	PHN #†
Specialty (Internal/Obstetrics/Gynecology)	Treatment Setting Address? (Y/N)†	City?†	State?†
Insurance/Referral	Prescription #	Primary Contact Name	Phone No.
Insurance/Referral	Primary Phone #	Primary Fax #	Primary Email

3. INSURANCE INFORMATION

Residence	Insured?	Insurance/Plan	Other
Primary Insurance	Policy ID #	Group #	Phone #
Secondary First Name	Secondary Last Name	Secondary Date of Birth	Secondary Relationship to Subscriber
Secondary Insurance	Policy ID #	Group #	Phone #
Secondary First Name	Secondary Last Name	Secondary Date of Birth	Secondary Relationship to Subscriber

COSELA
Infliximab

†Enrollment does not guarantee benefits.

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



Call us with questions at
1-833-G1toOne (1-833-418-6663),
or email us at
Enroll@G1toOne.com

Fax completed enrollment form to
1-833-FAX-G121 (1-833-329-4121)

Visit **www.G1toOne.com** for additional information



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