

Johnson & Johnson Patient Assistance Program

Financial Verification Authorization Form

Patients must meet the eligibility and income requirements to qualify for the patient assistance program. This form needs to be completed due to missing information from Patient Enrollment Form. Please see eligibility requirements and full terms and conditions at PatientAssistanceInfo.com

The information you provide will be used by Johnson & Johnson Health Care Systems Inc., our affiliates, and our service providers to determine your eligibility for and/or enroll you in the Johnson & Johnson Patient Assistance Program. You may withdraw your request for these services by calling 833-742-0791. Our [Privacy Policy](#) further governs the use of the information you provide.

Instructions: Complete this Financial Verification Authorization Form and fax the completed form to the Johnson & Johnson Patient Assistance Program at 833-512-0497 or upload it at <Upload Site>.

(The credit check is required to confirm you meet the income eligibility. This will not impact your credit score.)

Print Patient Name	Date of Birth (MM/DD/YYYY)
Patient Signature	Date (MM/DD/YYYY)
*Total Gross Annual Income Entire Household income (\$) before taxes	*Household Size Including yourself and the number of people who live in your home and are dependent on your household income

CHECK
THE BOX:

***Applicant Financial Verification Authorization**

I understand that Johnson & Johnson Health Care Systems Inc. (JJHCS) and the vendors associated with administrating the Program (collectively the "Program Administrators") may obtain a credit report or investigative credit report about me, which may contain information as to my income or credit standing, to determine my eligibility for the Program. I hereby authorize such a credit report and income verification and acknowledge that such authorization extends to consumer reporting agencies to subsequent credit reports for purposes of determining my continued eligibility for the JJHCS Program.

Monday through Friday, 8:00 AM – 8:00 PM ET | **Phone:** 833-742-0791 | **Fax:** 833-512-0497 | **Online:** PatientAssistanceInfo.com

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