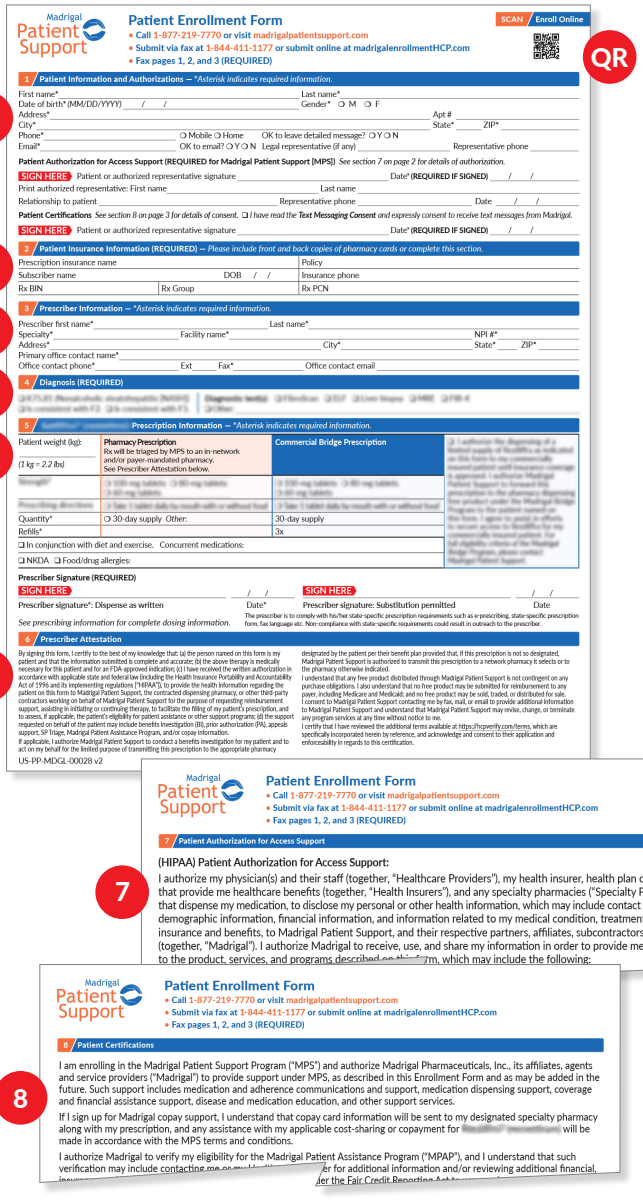
Madrigal Patient Support

DOWNLOAD PEF

# Madrigal Patient Support Patient Enrollment Form (PEF) Guide

The prescription and enrollment form serves as a prescription and consent to enroll in Madrigal Patient Support (MPS). ***This form is also used to request a patient's participation in the Bridge Program.***




## INSTRUCTIONS

Complete all fields noted with an asterisk and have your patient sign **section 1** before submitting. **All 3 enrollment form pages must be submitted to the program or limited network specialty pharmacy**.

## QR CODE

Scan to enroll your patients in MPS online.

## SECTION 1 — PATIENT AUTHORIZATION/ CERTIFICATIONS

Patient Authorization provides permission to share health information for access support as outlined in **section 7**. Patient Certifications provides authorization to enroll in MPS and for Madrigal Pharmaceuticals to deliver a range of support services as outlined in **section 8**. **A patient or authorized representative's signature and the date are required if your patient enrolls in MPS.**

## SECTION 2 — PATIENT INSURANCE INFORMATION

To determine your patient's coverage, please **fully** complete this section. Incomplete information may cause processing delays. Include copies of both sides of your patient's pharmacy insurance card(s).

## SECTION 3 — PRESCRIBER INFORMATION

Provide all required information to avoid delays in investigating benefits for product fulfillment.

## SECTION 4 — DIAGNOSIS

Confirm your patient's diagnosis and diagnostic tests in this **required** section.

## SECTION 5 — RX, BRIDGE, SIGNATURE

Complete this section to write a prescription and, if applicable, check the box for the **Bridge Program**. Prescribers must sign at the bottom of **section 5** to complete the pharmacy prescription, authorize the Bridge Program, and/or enroll a patient in MPS. **No stamp signatures allowed.**

## SECTION 6 — PRESCRIBER ATTESTATION

Attests to the validity of the information provided on the form. If applicable, the form authorizes MPS to conduct a benefits investigation and transmit the prescription to an appropriate pharmacy.

## SECTION 7 — PATIENT AUTHORIZATION

HIPAA consent to share health information for access to therapy, services, and programs.

## SECTION 8 — PATIENT CERTIFICATIONS

Patient consent to enroll in MPS support.

**Visit MadrigalPatientSupport.com to download the Patient Enrollment Form or enroll online.**

Madrigal Pharmaceuticals