

Fax Consent Form*
Xolair Co-pay Program

P.O Box 2106, Morristown, NJ 07962

Phone: 855-965-2472

Fax: 866-440-0599

Dear Provider,

Genentech requires the Xolair Co-pay Program to obtain your or your practice’s authorized delegate’s consent to receive faxed communications from Genentech, Inc. (Genentech), at the fax number reflected below (“Genentech Faxes”). Genentech program communications are designed to help administer Genentech’s co-pay assistance programs and may include information such as confirmation of patient enrollment/re-enrollment, acknowledgment of receipt of claims, Explanation of Benefits statements, as well as more general information concerning Genentech’s co-pay assistance programs.

By opting in, you agree to receive these Genentech faxes (including those which may be sent via automatic dialing machines, IP-based fax technologies, and other electronic means), and emails, which may include advertising content.

You confirm that the fax number(s) below belongs to you or your practice, and you have authority to provide consent to receive Genentech faxes at these numbers. Your consent to receiving Genentech faxes is not required as a condition of purchasing any goods or services.

Genentech is obligated by law to honor within 30 days any valid requests to opt out of receiving faxes containing program content. A valid, opt-out request must be sent to 866-440-0599, and must include the fax number(s) to which it relates. If you opt out but later provide express written permission to receive fax advertisements again, that permission will override your earlier opt-out request. Even if you opt-out of receiving faxes that include advertising content, you will continue to receive informational faxes related to you or your patient’s relationship with Genentech.

If you have questions about this letter you can call 855-965-2472 to receive additional information.

[] I agree to the above Genentech fax opt-in Terms and Conditions and wish to receive Genentech Faxes at the below number(s):

FAX NUMBER 1: _____

FAX NUMBER 2: _____

FAX NUMBER 3: _____

Title _____ Print Name _____

Account Name _____

Account Address _____

Date _____ Signature _____

***Please fax the completed form to 866-440-0599.**