



Oncofertility Application Patient Form

Eligible Medications:

Follistim AQ and Ganirelix Acetate

Date : _____ / _____ / _____

ReUnite Rx Oncofertility Requirements:

- Self-pay patients
- Female patients requiring medical treatment for cancer
- No prior chemotherapy treatments

Name: (First, MI, Last): _____ Date of Birth: _____ / _____ / _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Fertility Clinic: _____

Reproductive Endocrinologist: _____

Type of Cancer: _____

Required documents:

- Completed and signed patient form
- Completed and signed oncologist form
- Most recent IRS 1040 form

Options to submit:

- Fax to 214-614-4332
- Email to info@reuniterx.com

Release of medical information and authorization representative

- I hereby authorize ReUnite Rx to release my protected health information. I understand that reviewing this ReUnite Rx Oncofertility form and my medical records is for the purpose of determining my eligibility for this application.
- I have read this application in its entirety and to the best of my knowledge, all of the information provided is accurate.
- ReUnite has my permission to discuss my ReUnite Rx Oncofertility application with a third party.

Signature: _____ Date: _____

Printed Name: _____

****Any applications with incomplete or missing forms will not be granted medication discounts through ReUnite Rx Oncofertility Program**

ReUnite Rx Oncofertility Program is not insurance. Offer is not valid for any prescription that is paid for, in whole or in part, or is eligible for payment, reduced copay, or reimbursement, by any third party employer or payer. Offer not valid for prescriptions that may be covered under any Federal, State, or government-funded healthcare program, such as Medicare, Medicaid, Veterans Affairs, the Department of Defense, or TRICARE. Use of this offer is confirmation that you are permitted, under the terms and conditions of the health benefit plan(s) covering your prescriptions.



Oncofertility Application Oncologist Form

Eligible Medications:

Follistim AQ and Ganirelix Acetate

Date : _____ / _____ / _____

ReUnite Rx Oncofertility Requirements:

- Self-pay patients
- Female patients requiring medical treatment for cancer
- No prior chemotherapy treatments

Patient Name: (First, MI, Last): _____

Date of Birth: _____ / _____ / _____ Phone Number: _____

Type of Cancer: _____ Diagnosis Date: _____

Treatment Plan: _____

Treatment Timeline: _____

Is there an infertility risk with this treatment? ☐ Yes ☐ No

Oncologist information

Physician Name: _____

NPI#: _____ Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I have discussed with the patient the risks, benefits, alternatives and side effects of fertility preservation and cancer treatments. I confirm that this patient does not have any contraindications to the fertility preservation treatments being recommended to them by their fertility specialist. ReUnite Rx is not responsible for the treatment plan and outcome provided by medical personnel.

Oncologist signature: _____ Date: _____

ReUnite Rx Oncofertility Program is not insurance. Offer is not valid for any prescription that is paid for, in whole or in part, or is eligible for payment, reduced copay, or reimbursement, by any third party employer or payer. Offer not valid for prescriptions that may be covered under any Federal, State, or government-funded healthcare program, such as Medicare, Medicare Advantage, Medicaid, Medigap, Veterans Affairs, the Department of Defense, or TRICARE. Use of this offer is confirmation that you are permitted, under the terms and conditions of the health benefit plan(s) covering your prescriptions.

** This form is not a prescription and does not represent an application for insurance.*