GenVisc850
5 injection hyaluronic acid regimen

TriVisc
3 injection hyaluronic acid regimen

Channel-Markers Medical
Device Technology & Distribution

harmoknee.support
P: (866) 553-0112
F: (866) 710-1003

Rx-Direct
Patient Self Pay Enrollment Form

PATIENT INFORMATION				
*Patient Name (Last, First):				
*Date of Birth	*Gender:	☐ M	☐ F	
*Address				
*City	*State		*Zip	
*Email				
Home Phone:	Ok to leave message	☐ Yes	☐ No	
Cell Phone:	Ok to leave message	☐ Yes	☐ No	

PRESCRIPTION			
GenVisc© 850 sodium hyaluronate Per Package Insert - Inject once weekly for a maximum of 5 injections	☐ Unilateral Qty. 5 Syringes	☐ Bilateral Qty. 10 Syringes	☐ Other Qty. Syringes
TriVisc© sodium hyaluronate Per Package Insert - Inject once weekly for a maximum of 3 injections	☐ Unilateral Qty. 3 Syringes	☐ Bilateral Qty. 6 Syringes	☐ Other Qty. Syringes

Dose: 25mg/2.5ML intra-articular once weekly. Each box contains one (1) sterile, pre-filled syringe (1 regimen/dose)

MEDICAL BENEFIT (If patient is uninsured, please proceed with Prescriber Information)		
Does the patient have Medical or Prescription Insurance	☐ Yes	☐ No

PRIMARY MEDICAL INSURANCE	
Benefit/Cardholder Name:	
Primary Insurance:	Phone:
Member ID:	Group ID:

PRESCRIBER INFORMATION			
Prescriber Name (Last, First)		NPI	
Practice Name:	Practice Specialty:		
Prescriber Address:	City	State	ZIP
Prescriber Phone:	FAX:	Email:	
Office Contact Name:	TAX ID	PTAN	

By signing below, I certify that the information provided is correct to the best of my knowledge, and that Patient has been advised and agrees that utilization of the Rx-Direct Program is voluntary. The patient may have insurance coverage for Product if it is received outside of this Program; however, neither the provider or patient may file a claim with any third-party payer for the syringes purchased via the program. Patient has been advised that there will be no credit toward copayment, deductible or out of pocket limits for the amounts paid under this program. The prescriber has instructed patient about how he/she may obtain Product through other means that would allow for insurance coverage if such coverage is available. Patients have declined to use any such coverage and wish to pay for the product through the Rx-Direct Program.

Physician Signature	
Date of Signature	

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