Liletta® (levonorgestrel-releasing intrauterine system) 52 mg | ACCESS CONNECT™

LILETTA ACCESSCONNECT℠ PATIENT INFORMATION FORM

PO Box 66551 • St Louis, MO 63166-6551
Phone: 855-LILETTA (855.545.3882) • Fax: 844.410.9571
(Monday - Friday, 9 AM - 6 PM ET, except holidays)

1. PATIENT INFORMATION

NAME (First, MI, Last) _____ DOB (MM/DD/YYYY) _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ EMAIL _____

HOME PHONE _____ CELL PHONE _____ BEST TIME TO CONTACT _____

2. INSURANCE INFORMATION [Please attach copies of both sides of patient's insurance card(s)]

Do you have insurance through (check all that apply):

☐ Private Insurance ☐ VA/Military ☐ State Assistance Program ☐ Medicaid ☐ CHECK IF PATIENT DOES NOT HAVE INSURANCE

Medicare: ☐ Part A ☐ Part B ☐ Part D ☐ Medicare Advantage ☐ Other

PRIMARY INSURANCE _____ INSURANCE PHONE # _____

POLICY ID # _____ GROUP# _____ POLICY HOLDER _____

SECONDARY INSURANCE _____ INSURANCE PHONE # _____

POLICY ID # _____ GROUP# _____ POLICY HOLDER _____

PHARMACY PLAN NAME _____ PBM PHONE # _____

POLICY ID # _____ GROUP# _____ RX BIN # _____ RX PCN # _____

3. PRESCRIBER INFORMATION

PRESCRIBER NAME (First, Last) _____ NPI # _____

PRACTICE NAME _____ OFFICE CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TAX ID # _____ BCBS # _____ MEDICAID #/PIN _____

OFFICE PHONE # _____ OFFICE FAX # _____

EMAIL _____

STATE LICENSE # _____ SPECIALTY _____ MEDICARE PLAN _____

4. CLINICAL INFORMATION

DIAGNOSIS ☐ Z30.430 ☐ OTHER _____

5. PHYSICIAN ATTESTATION & PRIVACY NOTICE

I will be supervising my patient's treatment and I have reviewed the current LILETTA prescribing information.

PRODUCT: LILETTA **INSERTION DATE:**

Provider's Signature _____ **Date** _____

Privacy Notice: For information on how we collect and process your personal data, including the categories we collect, purposes for their collection, and disclosures to third parties, if you are a patient visit https://abbv.ie/PrivacyPatient, if you are a prescriber visit https://abbv.ie/PrivacyHCP.
If you are a prescriber, please share this information with your patient.