

Savings Program Claims Reimbursement Fax Checklist

To: SPRAVATO withMe	From:
Hub Fax Number: 844-584-1453	HCP Fax Number:
RE: Savings Program Claim Reimbursement	Date:

To facilitate a timely approval and reimbursement of the claim you are submitting, please use this checklist to confirm that all required documentation and information is included and return this checklist with your reimbursement request.

Confirm the following **BEFORE** you file a Claim

- You have been authorized by the patient to receive payment directly for the appropriate value of the medical claim submission.
- You have confirmed the patient’s enrollment in the SPRAVATO withMe Savings Program and no date of service associated with this claim is greater than 60 days prior to the patient’s enrollment.

Confirm the following when you file a Claim

- This is the first and only claim submitted for this patient for this/these date(s) of service.
- (If this is a duplicate claim submitted for this patient for this/these date(s) of service, please indicate the reason for filing this claim. _____)

Please indicate one of the following:

- This is a single claim for a single patient for a single date of service. (We are not able to approve claims for multiple patients submitted at the same time via fax.)
- These are multiple claims for a single patient for multiple dates of service. (You can include multiple claims for a single patient, but multiple claims for multiple patients under the same fax cover cannot be processed and approved.)

- You are NOT seeking reimbursement for a date of service more than 365 days from the date of this filing. (Any date of service listed that is more than 365 days from the date of filing cannot be approved.)

Please indicate the following required forms are included with this claim:

- CMS-1500 or UB-04 (Circle one)
- Explanation of Benefits (EOB) or Payment Remittance, showing a patient responsibility for an amount greater than \$10 for one of these approved billing codes: (Check the appropriate code)
 - G2082 or G2083
 - J0013 (Effective January 1, 2026, S0013 has been discontinued by Centers for Medicare & Medicaid Services (CMS) and replaced with Medicare non-payable code J0013.)
 - J3490 (Use with NDC #50458-0028-02 or NDC #50458-0028-03)

(Note: Claims for 99xxx and G2212 E/M billing codes will not be accepted. Claims for the Observation Rebate Program must be submitted by the patient.)

- The claim reimbursement amount requested is equal to or less than the amount listed as the patient’s responsibility on the EOB. (We cannot reimburse for any amount greater than the patient’s responsibility.)

Please ensure all documents are legible and unaltered. Highlighted items will appear as illegible black streaks when scanned or faxed. **We also recommend that you keep a report of claims submitted and check the SPRAVATO withMe Provider Portal or your InstaMed account to track the status of your claim.**

Please see full Prescribing Information, including Boxed WARNINGS, and Medication Guide for SPRAVATO[®].