

Dear Parent,

Mead Johnson believes that getting excellent nutrition for your baby should be easy. We are proud to support you with myPurAmino™, a dedicated resource to help you navigate insurance reimbursement.

GET STARTED WITH 3 EASY STEPS:

- 1. Complete the attached form.
 - Find the two-sided form attached to this letter.
 - Ask your baby's pediatrician to fill out the side indicated for physicians.
 - Complete the side for parents and tear along the perforated line.
- 2. Make a copy of your insurance card.
- 3. Send us a copy of both documents.
 - Send the completed two-sided form and a copy of your insurance card to RDpuramino@gmail.com or fax us at 954-360-7884.
 - Our support staff will call you to discuss the reimbursement process once the form has been received.*

Call 1-844-PURAMINO (1-844-787-2646) if you have questions about the form.

Our team can also help answer questions about your baby's nutrition.

Monday-Friday 9 am- 6pm ET

While your insurance coverage is being evaluated, Mead Johnson will mail you

A FREE CASE OF PURAMINO.

1 case contains 4 cans.





PurAmino is available in four convenient ways



Call 1-800-BABY123 or visit PurAmino.com



LOCAL PHARMACIES

(INCLUDING WALMART & WALGREENS)

Pur Amino Infant Item# 129023 UPC: 30087-51048-04

Pur Amino Junior Item# 896202 UPC: 30087-51224-64



SELECT RETAILERS AND ONLINE

Amazon.com Walmart.com BuyBuyBaby.com



HOME CARE PROVIDERS

Ask your doctor to speak to a Mead Johnson sales representative for more information on local home care providers.

PurAmino can be purchased at select Walgreens in-store or ordered through the pharmacy. For non-reimbursement questions, including feeding, nutrition and coupons, call 1-800-BABY123.

^{*}While we can't guarantee insurance reimbursement, our dedicated staff will help you navigate the reimbursement process. Please keep in mind that reimbursement is based on the terms of your insurance contract.

TO BE COMPLETED BY PARENTS

Patient Name	
Data of Digital	Candan Mala on Famala
Date of Birth	Gender: Male or Female
Parent Contact Information	
First Name	Last Name
Primary Phone Number	Secondary Phone Number (Mobile)
Home Address	
City — St	ate Zip Code
Email Address	
Name of Insurance Company	
Insurance ID Number	Insurance Group Number
Have you tried getting insurance reimbursement \square Yes \square No	: through your provider in the past?
Is your baby or child Women, Infants and Childre ☐ Yes ☐ No ☐ Unsure (Talk to your doctor t	-
·	ze access to my personal medical and insurance coverage information and e held in strict confidence and only be used to conduct this verification and
☐ I have included a copy of my insurance card, from	nt and back, with this form.
Select the product you want to receive as your fr ☐ PurAmino™ Infant ☐ PurAmino Junior	ee sample.



TO BE COMPLETED BY THE PHYSICIAN

Physician Name:								
am requesting insu	rance coverage	and reimbursem	ent fo	r my patient,			•	
	weight is	_ (kg) and height is (c		(cm). He/She v	vill require	e kcal per day or	fl oz per	
day* of PurAmino.	Tube feeding							
Diagnosis			ICD	-10 Code			Z Code	
bloody stool(s) (ne	ewborn)		P54.	.1				
bloody stool(s) (no			K92.	1				
allergic gastroente	eritis and colitis			2 "z" code ifying allergen)	Allergy t Allergy t Allergy t	o peanuts o milk products o eggs o seafood od allergies	Z91.010 Z01.011 Z91.012 Z91.013 Z91.018	
atopic dermatitis	due to food allergy		L27.	2				
allergic rhinitis du	e to food allergy		J30.	5				
gastroesophageal	reflux disease		K21.9	9				
malabsorption du	e to intolerance		K90	.4				
intestinal malabso	rption		K90	.9				
short bowel syndr	ome		K91.	2				
failure to thrive (n	ewborn <28 days old)	P92.	6				
failure to thrive (o	ver 28 days old)		R62.	50				
failure to thrive (c	· · ·		R62.					
eosinophilic esoph	-		K20.					
eosinophilic gastr			K52.					
eosinophilic gastr			K52.					
eosinophilic colitis	;		K52.	82	. = 11		7.051	
underweight	nderweight		R63.6 (add "z" code for weight percentile)		< 5th percentile 5th percentile to < 85th percentile 85th percentile to < 95th percentile ≥ 95th percentile		Z68.51 Z68.52 Z68.53 Z68.54	
food allergy			T78.	40XA				
other diagnosis								
Product and Reim	bursement Info	rmation for Pur	Amin	o Infant and PurAmi	no Junior	Formula		
Product Name		Item Numb	nber Packaging			NDC Format Code	HCPCS Code	
T TOUGST TRAINE					Case			
PurAmino Infant For	mula	129023		14.1 oz Powder Can (4 cans per case)	Unit	00087-5104-81 00087-5104-80	B4161	
PurAmino Junior For unflavoured	mula:	896202		14.1 oz Powder Can (4 cans per case)	Case Unit	00087-5122-47 00087-5122-46	B4161	
PurAmino Junior For vanilla	mula:	8963-01		14.1 oz Powder Can (4 cans per case)	Case Unit	00087-51224-57 00087-51224-40	B4161	
have prescribed th	e use of Pur∆mir	no™ (a product of	Mea	d Johnson & Company	/ I I C) Ple	ease, no substitutions and	d no generic form	
ecessary for my pa nanagement. The F h ould be used und	tient and will pro DA classifies Pu er medical supe	mote weight gai urAmino Infant a rvision. Without	n, gro as an the u	wth and normal devel "exempt infant form	opment w l ula" and nic, amino	ate infant formulas. PurA hile providing proper med PurAmino Junior as a " acid-based formula, my	dical nutrition medical food" the	
Physician's Signatu	re		Phy	ysician's Printed Nam	ne	Date	2	
Center/Hospital/Ins	titution/Practice	9		ID#		NPI#		
City				State				

^{&#}x27;This amount may be adjusted as his/her nutritional needs change. PurAmino Infant (0-24 months) and PurAmino Junior (1 year and up) are designed to meet the nutritional needs of infants and children with severe cow's milk protein allergy or multiple food protein allergies who are unable to ingest a normal diet or other hypoallergenic formulas.