

TAX ID # \_\_\_\_\_

**Johnson & Johnson Health Care Systems Inc. (JJHCS)**  
**APPLICATION for the Contract Purchase Program (“CPP”) Agreement**  
**REMICADE® and SIMPONI ARIA® and STELARA® 45mg Vial and 130mg IV (Products)**

Legal Entity Name (“Customer”) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Legal Entity Type \_\_\_\_\_ in the State of \_\_\_\_\_  
(e.g., corporation, partnership, sole proprietor, LLC)

Contact Person First/Last Name \_\_\_\_\_ Title \_\_\_\_\_

**Customer to complete all questions (check yes or no as applicable):**

**Yes/ No**

<input type="checkbox"/>	<b>Customer</b> named above is either a physician, group of physicians, physician practice or physician clinic (“ <b>Physicians</b> ”) OR <b>Customer</b> named above is a single health care provider entity that owns, manages and controls each of the Physicians.
<input type="checkbox"/>	<b>Physician(s)</b> (which includes physicians, physician practice(s), physician group(s), physician clinic(s)) that will be participating in the program are all listed below with their corresponding DEA, NPI numbers, and Specialty
<input type="checkbox"/>	<b>Physician(s)</b> listed below practices in one or more of the 50 United States, the District of Columbia, Puerto Rico, or a US Territory
<input type="checkbox"/>	<b>Physician(s)</b> practice is owned, managed and controlled by the Customer, if the Customer is a single health care provider entity
<input type="checkbox"/>	<b>Physician(s)</b> listed below are legally affiliated with the Customer named above and provides a substantial portion of their services through the Customer named above
<input type="checkbox"/>	<b>Physician(s)</b> listed below is licensed to prescribe and administer REMICADE®, SIMPONI ARIA®, and STELARA®
<input type="checkbox"/>	<b>Physician(s)</b> listed below <u>are not</u> receiving Price Concessions on REMICADE®, SIMPONI ARIA®, and STELARA® (45mg vial and 130mg IV) under any other agreement with the Company or its affiliates (e.g., GPO Buying Group, Infusion Therapy Provider Agreement/Home Infusion or 340B (Public Health Service Act))
<input type="checkbox"/>	<b>Physician(s)</b> listed below does not sell REMICADE®, SIMPONI ARIA®, and STELARA® via retail to the general public
<input type="checkbox"/>	<b>CMS 1500 Form</b> Used for Buy and Bill Purposes

**Customer to complete all fields below for each participating physician.** If you need to add additional rows, please use a separate sheet. Physicians must purchase products through the Company’s authorized specialty distributors. If you have any questions, please contact JJHCS at RA-HCSUS-ContractP@its.jnj.com. After completing this application, please sign and date below and fax to JJHCS at 866-218-1198.

**Specialty**  
(Rheum/Derm  
(Gastro/Other)

\_\_\_\_\_  
(Print Name) \_\_\_\_\_ (DEA) \_\_\_\_\_ (NPI) \_\_\_\_\_

\_\_\_\_\_  
(Print Name) \_\_\_\_\_ (DEA) \_\_\_\_\_ (NPI) \_\_\_\_\_

\_\_\_\_\_  
(Print Name) \_\_\_\_\_ (DEA) \_\_\_\_\_ (NPI) \_\_\_\_\_

\_\_\_\_\_  
(Customer Contact Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)