



## Patient Introduction to the Barricaid® Annular Closure Patient Access Program

As a potential candidate for the implantation of the Barricaid Annular Closure Device, Intrinsic Therapeutics is pleased to be able to offer you support with obtaining prior authorization for this procedure. Intrinsic Therapeutics operates the Barricaid Patient Access Program. The Barricaid Patient Access Program has been created to help establish coverage with commercial insurers for patients who need the Barricaid Annular Closure Device and associated procedure.

Newer technologies like the Barricaid Annular Closure sometimes face challenges with obtaining insurance coverage until it is established with all of the commercial insurers. One of the most effective ways to help achieve favorable coverage is to submit for prior authorization and appeal any denials on behalf of patients.

Intrinsic Therapeutics has a team of passionate patient advocates that will support and guide you throughout this process with your insurance company or health plan. All we need to get started is for you to complete and sign the Designation of Personal Representative form and return it to us. This will give us authorization to have access to your medical records relating to the procedure and to contact your insurance company/health plan on your behalf for a prior authorization for the procedure. If your insurer denies the request for prior authorization, with your approval we will appeal the denied prior authorization and we will keep you and your surgeon informed of the progress of your case throughout the entire appeal process.

Keep in mind that the appeal process can sometimes take up to several months to complete. We will work very hard to make this happen as quickly as possible, but sometimes things happen that are out of our control. Of course, you are free to opt out of this process at any point along the way.

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**This resource is available to you Monday – Friday, 8am-5pm by contacting us at:**

Phone: **1-844-288-7474**

Fax: **1-844-288-2660**

Email: **[reimbursement@barricaid.com](mailto:reimbursement@barricaid.com)**

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