

# Letter of Financial Responsibility Checklist

ParaGard<sup>T 380A</sup>  
intrauterine copper contraceptive

DIRECT

A program for ordering ParaGard® T 380A  
(Intrauterine Copper Contraceptive)

**PURPOSE:** The purpose of the Letter of Financial Responsibility (LOFR) is to set-up multiple ship-to entities with the same billing location. If an account has one bill-to address and multiple ship-to addresses, the account has two options: (1) complete a business application for each shipping address, listing the same bill-to information but the individual ship-to information on each application, or (2) complete a single business application and complete the Letter of Financial Responsibility (LOFR) form, listing all ship-to locations. If an account chooses this second option, a Business Application and Letter of Financial Responsibility must be completed by the financially responsible entity, listing all ship to locations.

\*\*The site financially responsible may send a LOFR on company letterhead, which provides the same information as the ParaGardDirect LOFR (ship-to locations and bill-to information). It must be signed by an officer of the company or an individual who has the authority to enter into a financial agreement on behalf of the company.

## Required Fields:

### Date of Request

### Name of Entity Financially Responsible

- In the first paragraph, indicate the name of the entity financially responsible for the ship to locations listed on the form. The name of the entity must match the name on the account financially responsible.

### Ship to Entity(s)

- List the name, complete address, phone /fax number and email address for each ship to location.
- Indicate if ship-to location is 340B eligible. If yes, please indicate 340B ID number.
- If additional space is needed, you may write "See Attached" in the Ship-To Address area and attach a list of ship to locations to be set-up.

### Bill to Entity

- If there is an existing account with the same bill to address, please indicate account number.
- List entity name, full address, phone and fax number.

### Signature

- Sign, print name and title of financially responsible party.
- The form must be signed by an officer of the company or an individual who has the authority to enter into a financial agreement on behalf of the company.

### Supporting Documents

- Copy of valid license for each ship-to location.
- A Letter of Affiliation is required for each ship-to location if submitting a physician's license.

Please fax completed form to 800-299-8332, or you may email it to [Paragard@icsconnect.com](mailto:Paragard@icsconnect.com).

If you have any questions regarding the Letter of Financial Responsibility, please call ParaGardDirect at 877-ParaGard® (727-2427), option 1.

# LOFR Accounts with Multiple Ship-to Locations

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If the account includes multiple ship-to locations, you may either:

1. Complete a business application (including Terms and Conditions) for each ship-to address OR
2. Complete a single business application (including Terms and Conditions) and complete the following FINANCIAL RESPONSIBILITY form letter.

- The form letter must be printed on the letterhead of the FINANCIALLY RESPONSIBLE PARTY.
- The form includes information for two different ship-to addresses. If additional ship-to addresses are required, the FINANCIALLY RESPONSIBLE PARTY may attach a second sheet listing those locations. To tie the financial responsibility for the additional locations, please ensure that pages are numbered in the format "1 of 2", "2 of 2".

The form must be signed by an officer of the company or an individual who has the authority to enter into a financial agreement of behalf of the company.

Date: \_\_\_\_\_

Please accept this letter as notification that \_\_\_\_\_ [Name of Practice/Institution] will accept financial responsibility for shipment of ParaGard<sup>®</sup> T 380A intrauterine copper contraceptive to the following facility:

Ship-To Address 1: <b>340B Eligible</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>340B ID#:</b> _____
Name: _____
Address: _____
City, State and ZIP: _____
Phone: _____ Fax: _____

Ship-To Address 2: <b>340B Eligible</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>340B ID#:</b> _____
Name: _____
Address: _____
City, State and ZIP: _____
Phone: _____ Fax: _____

All invoices should be sent to:

Billing Address:
Name: _____
Address: _____
City, State and ZIP: _____
Phone: _____ Fax: _____

## Signature and Printed Name and Title of Financially Responsible Party:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and title: \_\_\_\_\_

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