PATIENT ENROLLMENT FORM

reSET / reSET-O

Phone: 1-833-697-3738 • Fax: 1-877-256-1320
Email: Support@PearConnect.com
Hours of Operation: Monday through Friday, 8 AM - 8 PM ET

Please complete all fields indicated to prevent any delays in filling the prescription.

*** Indicates a required field.**

PATIENT

*Name (First, Middle Initial, Last): _____

Sex: ☐ M ☐ F *DOB: _____ Last four digits of SSN: _____ *Email: _____

*Address (no PO Box): _____ Apt/Suite: _____

*City: _____ *State: _____ *ZIP: _____

*Cell Phone: _____ Alt Phone: _____

Preferred Contact Method: ☐ Phone ☐ Email **Best Time to Contact:** ☐ Morning ☐ Afternoon ☐ Evening

☐ **Spanish Language Preferred**

Authorized Contact Name (First, Last): _____

Relationship: ☐ Spouse ☐ Caregiver ☐ Child ☐ Other: _____

I authorize PearConnect™ to leave a detailed voicemail message for me at the numbers provided above. I understand that the message may include any information, including my personal information and information about my use of PearConnect. I also understand that, if others have access to my voicemail, there is a possibility that they may hear a message left by PearConnect.

X _____
Patient/Legal Guardian Signature

▶ PATIENT AUTHORIZATION (MANDATORY)

Please read the authorization for use and disclosure of health and other personal information on page 3. By signing below, I acknowledge that I have read and agree to the Patient Authorization on page 3.

X _____
Patient/Legal Guardian Signature
Date of Signature (MM/DD/YYYY): ____ / ____ / ____

INSURANCE

Complete this section OR provide a copy of patient's insurance and pharmacy benefit cards. Include both front AND back of cards.

☐ **Patient is uninsured (Proceed to the Physician Authorization)**

*Medical Plan Name: _____

Phone: _____

*Member ID: _____

Group #: _____

Cardholder Name: _____

Relationship to Cardholder:

☐ Self ☐ Spouse ☐ Child ☐ Other

Pharmacy Benefit Plan Name: _____

Rx Helpdesk: _____

Rx Member ID: _____

Rx Group #: _____

Rx Bin #: _____

Rx PCN #: _____

Cardholder Name: _____

_____
Clinic/Practice

PEAR CONNECT™ BY PEAR THERAPEUTICS

Patient Name

reSET / reSET-O

* Indicates a required field.

PHYSICIAN

LICENSED CLINICIAN

*Prescriber Name: _____

*NPI: _____

*Email: _____

*Clinic/Practice: _____

*Address: _____

Apt/Suite: _____ City: _____

State: _____ ZIP: _____

Office Contact Person: _____

Email: _____

Office Phone: _____

Office Fax: _____

ADDITIONAL CLINICIAN OR THERAPIST (OPTIONAL)

☐ N/A

*Name: _____

NPI: _____

*Email: _____

*Clinic/Practice: _____

*Address: _____

Apt/Suite: _____ City: _____

State: _____ ZIP: _____

Office Contact Person: _____

Email: _____

Office Phone: _____

Office Fax: _____

*Contingency Management (select one): ☐ Virtual Non-monetary Rewards ☐ Digital Monetary Gift Card Rewards

DIAGNOSIS

Diagnosis: _____

Primary ICD-10 Code: _____

Secondary ICD-10 Code: _____

☐ **If primary diagnosis is alcohol use disorder (AUD), check here for additional substance use and indicate a secondary ICD-10 code.**

Previous Treatments Tried and Failed:

☐ Inpatient treatment
☐ Intensive outpatient therapy
☐ Outpatient therapy at _____ (Insert facility)
☐ Attends/attended NA or AA meetings
☐ Outpatient group therapy
☐ Drug and alcohol counseling
☐ Medication-assisted treatment
☐ Other, please specify: _____

PRESCRIPTION: SELECT reSET® OR reSET-O®

☐ ***reSET** 12-week digital therapy
Complete therapy lessons as directed
DISPENSE: One access code good for 90-day therapy
Refills: ☐ 0 ☐ 1 ☐ 2 ☐ 3

OR

☐ ***reSET-O** 12-week digital therapy
Complete therapy lessons as directed
DISPENSE: One access code good for 84-day therapy
Refills: ☐ 0 ☐ 1 ☐ 2 ☐ 3

☐ *Confirm patient is taking buprenorphine

The duration of the prescriptions is 12 weeks. Additional 12-week access intervals to reSET or reSET-O may benefit patients, as SUD and OUD are chronic diseases; however, the benefits of prescription extension have not been evaluated. The long-term benefit of treatment with reSET on abstinence has not been evaluated in studies lasting beyond 12 weeks in the SUD population. The ability of reSET to prevent potential relapse after treatment discontinuation has not been studied. The long-term benefit of using reSET-O has not been evaluated in studies with buprenorphine lasting beyond 12-weeks (84 days) in the OUD population. The ability of reSET-O to prevent potential relapse after treatment discontinuation has not been studied.

By my signature I acknowledge that I have read and agree to the Prescriber Authorization on page 4.

X _____

***Licensed Clinician Signature**

***Date of Signature (MM/DD/YYYY):** ____ / ____ / _____

X _____

***Licensed Clinician Name Printed**

PEAR CONNECT™ BY PEAR THERAPEUTICS

AUTHORIZATION TERMS

reSET® / reSET-O®

PATIENT PRIVACY:

Voluntary Authorization for Use and Disclosure of Health Information

By signing this authorization, I authorize my physicians, pharmacies, other healthcare providers ("My Providers") and/or my health plans (if applicable) to disclose my health information to Pear Therapeutics, Inc., and its representatives, agents, and contracted third-parties (together "PearConnect™"). I understand that my health information includes information relating to my medical condition, my current medications and treatments, behavioral therapies and trainings, treatment and medical history, treatment goals, health insurance coverage and other information related to my care and management of my care. I understand that this information may include mental health and substance abuse information. I also understand that this information is in addition to the information that My Providers may disclose to Pear for purposes of my treatment with Pear's Prescription Digital Therapeutic ("PDT") and related services.

By signing this form, I agree that My Providers may disclose my health information described above so that Pear may communicate with me about my care and otherwise help me to finalize the enrollment process.

I agree that Pear may use and disclose my health information to provide me with technology support for the use of the PDT, analyze my treatment and health outcomes, to better understand how the PDT works, including improving the overall patient experience, for internal business purposes and analyses, and to de-identify the information and use it for other business purposes. Pear may also use my health information in publications about the PDT, but my health information first would be de-identified and combined with others health information to protect my privacy.

I also agree that Pear may contact me for the purposes described above, including by telephone, text message, and email. Pear may also call or text me at any number that I provide to Pear or My Providers for any non-marketing purpose using an automatic telephone dialing system and prerecorded or artificial voice.

I understand that once My Providers and health plan have disclosed my health information to Pear, that information may no longer be protected by certain federal and state privacy laws, but that Pear agrees to use and disclose my health information only for the purposes described above, unless I provide additional consent, or as required by law. I understand that I may refuse to sign this authorization, and that my refusal will not affect my treatment by My Providers, coverage by my health plans or my ability to use the PDT, however, I will not be able to obtain PearConnect services. I also may revoke (cancel) this authorization at any time in the future by calling 1-833-697-3738 and/or emailing PearConnect@peartherapeutics.com, but that my cancellation will not apply to any information already used or disclosed in reliance on this authorization before my cancellation. I understand that I am entitled to a copy of this authorization. This authorization is valid for six (6) years after the date of my signature, unless applicable law requires an earlier expiration or I revoke my authorization earlier.

I understand that PearConnect will make multiple attempts over the course of thirty (30) days to contact via phone, text, and/or email and that if I fail to respond within those thirty (30) days, PearConnect will no longer contact me and I will no longer be eligible to receive the PDT under this prescription and I will need to contact my Providers to obtain another prescription.

Please find more information on reSET at https://peartherapeutics.com/reset-pt-privacy/ and https://peartherapeutics.com/reset-pt-terms/.

Please find more information on reSET-O at https://peartherapeutics.com/reset-o-pt-privacy/ and https://peartherapeutics.com/reset-o-pt-terms/.

Additional Patient Privacy Terms for Insurance Enrollments:

By signing this authorization, I also authorize my health plans to disclose my health information to PearConnect so that Pear may help verify or coordinate health plan coverage or otherwise obtain payment for my treatment and/or assist me in applying for financial assistance.

I understand I may be eligible for participation in financial assistance programs which may be offered by Pear (such as co-pay assistance or patient assistance programs), and that my participation in these programs is voluntary and that I must meet all of the applicable eligibility requirements. I also understand that as part of verifying program eligibility requirements under these programs, PearConnect may use and disclose my health information, including conducting a preliminary insurance verification, collecting information regarding my household size and income through Experian Health, and confirming my US residency. I understand that in order to qualify for future Pear programs I may be required to provide Pear with additional information to confirm that I meet the eligibility criteria.

Additional Patient Privacy Terms for Bulk Purchase and EEP Enrollments:

I understand that I am receiving Pear's PDT through one of the following ways: my Provider through Bulk Purchase or through the Early Experience Program (EEP), and therefore, will not have any out-of-pocket costs payable to PearConnect. If under the Bulk Purchase plan, I understand that my Provider may bill me directly for the prescribed PDT. If under the EEP, I understand that I cannot seek reimbursement or any other form of compensation related to the prescribing, distribution and/or my use of the PDT.

Additional Patient Privacy Terms For Clinic Direct Pay Enrollments:

I understand that I am receiving Pear's PDT through my Provider and PearConnect will not collect any payment from me, but that my Provider may bill me directly for the PDT.

Additional Patient Privacy Terms for Transition of Care Enrollments:

I authorize PearConnect to use and disclose my health information to other identified Providers (e.g., treating physicians) to support my prescription of the PDT in conjunction with my transition from the emergency department, discharge from hospitalization or in-patient treatment program to the identified outpatient treatment program.

Patient TCPA

Telephone Consumer Protection Act (TCPA) Authorization Language for Marketing Purposes

I authorize PearConnect, Pear Therapeutics, Inc. and its contracted third-parties (collectively "Pear") to contact me with helpful information on its products, services, and for marketing and informational purposes, along with information regarding my participation in any discount program, and/or for market research purposes. I authorize Pear to contact me by mail, email, phone call and/or text message (including calls and text messages made with an automatic telephone-dialing system or a prerecorded or artificial voice)(standard messaging and data rates may apply). I may opt-out at any time by replying "STOP" by text or emailing PearConnect@peartherapeutics.com with a subject line "STOP".

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AUTHORIZATION TERMS

reSET® / reSET-O®

PRESCRIBER AUTHORIZATION

I certify that the rationale for prescribing the Pear PDT is as follows:

reSET: to provide cognitive behavioral therapy, as an adjunct to a contingency management system, for patients 18 years of age and older who are currently enrolled in outpatient treatment for substance use disorder (SUD) under the supervision of a clinician. reSET is not intended to be used as a stand-alone therapy for SUD or as a substitute for medication. See Directions for Use for full safety information.

reSET-O: to increase retention of patients with opioid use disorder (OUD) in outpatient treatment by providing cognitive behavioral therapy, as an adjunct to outpatient treatment that includes transmucosal buprenorphine and contingency management, for patients 18 years of age or older who are currently under the supervision of a clinician. See Directions for Use for full safety information.

By my signature I also acknowledge that I have obtained the patient's authorization or consent, as necessary, to release the named patient's information and such other information as may be required by PearConnect.

I also acknowledge that the named patient is a bona fide patient under my direct care and/or supervision.

Additional Prescriber Authorization Terms for Insurance Enrollments:

I authorize PearConnect™ on behalf of my patient to furnish any information on this form to the insurer of above-named patient.

Additional Prescriber Authorization Terms for Bulk Enrollments:

I authorize PearConnect™ on behalf of my patient to send or assign the access code for the prescribed Pear prescription digital therapeutic ("PDT") to the above-named patient pursuant to the executed Bulk Purchase Agreement between Pear and the named clinic/practice associated with this prescription, including the identified Order Number.

Additional Prescriber Authorization Terms for EEP Enrollments:

I authorize PearConnect™ on behalf of my patient to send or assign the access code for the prescribed Pear prescription digital therapeutic ("PDT") to the above-named patient pursuant to the executed Early Experience Program Agreement between Pear and the named clinic/practice associated with this prescription.

I also acknowledge that I am prescribing the identified Pear PDT under the Early Experience Program, and I understand that there is no cost to the patient associated with its use. I further understand that my patient and I are prohibited from seeking reimbursement or any other form of compensation in conjunction with the prescribing, distribution, or patient's use of the Pear PDT.

Additional Prescriber Authorization Terms for Clinic Direct Pay Enrollments:

As an authorized representative of the named clinic/practice associated with this prescription, I am authorized to submit payment to PearConnect for the purchase directly.

Additional Prescriber Authorization Terms for Transition of Care Enrollments:

I also acknowledge that I am prescribing the identified Pear PDT as part of a discharge plan for the identified patient's transition from the emergency department, discharge from hospitalization or in-patient program to the identified outpatient treatment program.

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