



India Medtronic Pvt. Ltd.

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Valiant Navion™ Thoracic Stent Graft System SAFE-N REIMBURSEMENT

Limited Authorization to Disclose Health Information

For SAFE-N: Patient and Physician Support Program

To facilitate prompt and efficient reimbursement of expenses under the SAFE-N Reimbursement Program, including any reimbursement for qualifying expenses paid by you, the patient, please complete and sign the form and submit to Syntactx/NAMSA. For any questions in completing this verification form, please contact Medtronic through Syntactx/NAMSA at the SAFE-N reimbursement helpline: 0008000502426 or email: SAFE-N-Reimburse@syntactx.com.

Patient Information

Patient Full Name: _____

Date of Birth: _____

Healthcare Provider

Provider Name(s) (please list all entities who may have information or documents related to your treatment for thoracic aortic disease): _____

I, _____, am the patient identified above that has been implanted with the Valiant Navion™ Thoracic Stent Graft System and am eligible for participation in the SAFE-N Reimbursement Program ("Program"). For purposes of participating in this Program, I authorize my healthcare provider(s) to release and furnish the documents and information identified below to Syntactx/NAMSA LLC, Medtronic PLC, and/or their duly assigned agents:

- All medical records, including patient imaging and interpretations thereof, lab or test results, office and physician notes, operative recommendations, plans, and reports, and records received by or from other physicians, related to my care and treatment for thoracic aortic disease, including the implantation, use, surveillance, and any repair or reintervention related to the Valiant Navion™ Thoracic Stent Graft System.
- All pharmacy/prescription records including any drug information handouts/monographs related to my care and treatment for thoracic aortic disease.

- All billing records including all statements, itemized bills, and insurance records related to my care and treatment for thoracic aortic disease.

I understand that I may revoke this Authorization in writing at any time. Any revocation must be submitted in writing to Syntactx/NAMSA. This Authorization too shall expire one year after my date of death, unless I choose to revoke this authorization at an earlier date. I understand that any revocation will affect only future disclosures, not any disclosures made before Syntactx/NAMSA receives my written revocation.

I understand that my treatment, payment, enrollment, eligibility of benefits, or receipt of services from Syntactx/NAMSA is not conditioned on whether I sign this Authorization. If I have questions about disclosure of my health information, I can contact Syntactx/NAMSA with the contact information provided above.

I understand that this Program is voluntary and is not intended to be an admission of guilt or liability of any kind by the Program sponsors or a waiver by individuals participating in the Program. I certify that the statements and information contained herein or provided in this document are true, accurate, and complete. By signing this Authorization, I acknowledge that I have read and accept all of the above.

A notarized signature is not required. A copy of this authorization may be used in place of an original.

Print Name: _____(patient/representative) Date: _____

Signature: _____ Date: _____

Additional limitations may apply. Reimbursements are subject to review and approval. The SAFE-N Reimbursement is limited to its express terms and does not constitute a representation, judgment, admission, or assumption of liability by Medtronic with respect to imaging, reintervention, and/or utilized thoracic stent graft systems. No action taken by Medtronic in connection with the Voluntary Product Recall, including this SAFE-Reimbursement Program, shall be construed as an admission of any fault or liability whatsoever to the patient, doctor, health care professional, or to any third party. All rights reserved.