



India Medtronic Pvt. Ltd.

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**Valiant Navion™ Thoracic Stent Graft System  
SAFE-N REIMBURSEMENT**

**Uninsured Status Verification Form**

For SAFE-N: Patient and Physician Support Program

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: 00080005 02426 or email: [SAFE-N-Reimburse@syntactx.com](mailto:SAFE-N-Reimburse@syntactx.com).

Patient Full Name: \_\_\_\_\_

Patient Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Pin code: \_\_\_\_\_

**Directions:** Patients claiming uninsured status must read and fill-out the following verification statement and sign below. If a patient is unable to complete this form on his or her own behalf, a representative who has submitted the Legal Representative or Caregiver Authorization and provided the required documentation may sign on the patient’s behalf.

**Certification of Uninsured Status and Verification Statement:**

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”). I am currently uninsured and represent that I am not eligible for and, consequently, do not have individual, employer-sponsored (through self or spouse), or other insurance coverage.

I certify that the statements and information contained herein or provided are true, accurate, and complete.

Patient Signature: \_\_\_\_\_

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

Legal Representative 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.**