

Medtronic
Structural Heart and Aortic
3576 Unocal Place
Santa Rosa, CA 95403

Valiant Navion™ Thoracic Stent Graft System
SAFE-N Limited Warranty Claim Form
Patient Incidental Expenses

SYNTAXTX

Patient Full Name: _____ Telephone: _____

Patient Date of Birth: _____ Patient Address: _____

City: _____ State: _____ Zip Code: _____

Name of Person Filing Out Form (if not Patient): _____ Telephone: _____

Relationship to Patient: Spouse Child Other: (Describe): _____

If you are a family or non-family member authorized by and assisting the patient on their behalf, please have the patient complete and sign an **Authorization for Patient Caregiver form, attached.**

Enclosed are the medical bills and/or insurance documents as well as the receipts and/or bills of the incidental expenses incurred in obtaining medical care that is directly related to the Valiant Navion recall (only for encounters where expenses exceed \$500):

Expense Description (e.g., parking, meal, transportation)	Company Name	Date of Expense	Medical Provider Name	Date of Medical Care	Brief Description of Medical Care	Amount of Incidental Expense

TOTAL: _____

Please refer to the [Valiant Navion patient website](#) to verify what qualifies for reimbursement. Additional limitations may apply. Reimbursements and credits are subject to review and approval. A social security number or Medicare number may be requested at a later date. For Unreimbursed Incidental Expenses, any patient requesting incidental expenses exceeding \$500.00 per episode of care, a copy of each bill or receipt requested for reimbursement will be required. Sufficient documentation for incidental expenses (e.g., time away from work) may vary from patient-to-patient. Documentation provided must also include a copy of either the EOB or itemized, finalized bills from the medical provider to document the incidental expenses' relatedness to medical care.

I certify that the statements and information contained above are true, accurate, and complete.

Patient's or Authorized Person's Signature: _____ Date: _____

Within 90 days of the Imaging, Reintervention, or Treatment Date:
E-mail Completed Warranty Form to: SAFE-N-Reimburse@syntactx.com

Mailing or facsimile submission is also available at:

Syntactx
RE: SAFE-N Project
4 World Trade Center
150 Greenwich Street, 44th Floor
New York, New York, 10007
Facsimile: 1 (800) 342-1401

Please allow between 45-60 days for processing any reimbursement request. Syntactx may need to contact you directly to obtain additional verification or information before payment may be processed. Payments for medical expenses will either be via electronic funds transfer or via U.S. Mail to the patient's primary mailing address indicated on their patient account. Please consult your financial and tax advisor regarding any reporting obligation for tax purposes.

For questions, contact Medtronic through Syntactx at the U.S. SAFE-N reimbursement helpline: 1-833-256-2308
or

Email: SAFE-N_Reimbursement@syntactx.com

Pursuant to the HIPAA Privacy Rule (45 C.F.R. § 164.512(b)), covered entities may disclose protected health information without an authorization to a person or entity subject to FDA jurisdiction for public health purposes related to the quality, safety, or effectiveness of an FDA-regulated product.

Additional limitations may apply. Reimbursements are subject to review and approval. The SAFE-N Limited Warranty is limited to its express terms. The SAFE-N Limited Warranty is voluntary 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-N Limited Warranty, shall be construed as an admission of any fault or liability whatsoever to the patient, doctor, health care professional, or to any third party. Medtronic makes no representation with respect to any potential impact of reimbursements on a patient's eligibility to participate in a Health Savings Account or other tax-favored health plan; please consult with a tax advisor as necessary. All rights reserved.