



Please complete an enrollment form **for each provider and injection site** within your practice.

Terms of Participation

Your name, address and other information that you provide to us will be used by Alkermes, Inc., and companies that work with Alkermes, Inc. to support Touchpoints and the Touchpoints Provider Locator Service, pursuant to which your information may be made available to other healthcare providers, patients and consumers who wish to access your services. We may contact you by e-mail, postal mail or telephone to verify and update your profile, make you aware of new Web-site functions or capabilities on the Provider Locator tool through the www.vivitrol.com Web site, and to provide information on treatment options and other programs that may interest you. Alkermes, Inc. will not share your information with anyone else except as described above or as required by law. If you want to stop receiving this information, you may ask us to remove you from our contact list by calling Touchpoints at 1-800-VIVITROL (1-800-848-4876). Inclusion of your name and organizational information as part of our Touchpoints Provider Locator Service does not represent, and will not necessarily result in, any endorsement, referral or recommendation by Alkermes, Inc. or Touchpoints. Your agreement to be listed in the Touchpoints Provider Locator Service shall not be construed as an inducement or encouragement for the referral of patients or use of particular products. In order to be included in the Touchpoints Provider Locator Service, you must be a validly licensed provider. You acknowledge that you have received, read and understood the full Prescribing Information for VIVITROL, including the directions for administration and use of the product. You are fully and solely responsible for the quality of care to be provided at your site of care.

Please Print

Name of Provider _____ Primary Specialty _____
FIRST LAST

Provider Type (check all that apply)

Psychosocial Counseling Medical Management

VIVITROL Injection for Your Patients VIVITROL Injection for Other Practices

DEA # (if applicable) _____ NPI # _____

Phone _____ Fax _____

Name of Practice/Facility _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Best Time to Call _____

Office Contact _____

Hours That Site Is Available for Providing Injections M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____

VIVITROL Injection Experience Yes No

Will You Accept Buy and Bill Insurance? Yes No

By signing below, I hereby certify that I have read, understood and agree to comply with the terms and conditions governing participation in the Touchpoints Provider Locator Service. The undersigned is the above-named provider, or if I am signing on behalf of a facility, I certify that I am authorized to do so.

Name/Title (please print) _____

Signature _____ Date of Signature _____

Alkermes reserves the right to alter or discontinue this program at our discretion.

Please return this form via mail or fax to:

ALLIANCE HEALTHCARE INFORMATION, LLC
 One Ivybrook Blvd, Building 100
 Ivyland, PA 18974

Telephone: 1-800-VIVITROL (1-800-848-4876)
 Fax: 1-866-550-9742

PLEASE SEE VIVITROL FULL PRESCRIBING INFORMATION, INCLUDING BOXED WARNING, IN THE PRACTICE MANAGEMENT KIT AND AT www.vivitrol.com/pdf_docs/prescribing_info.pdf.

