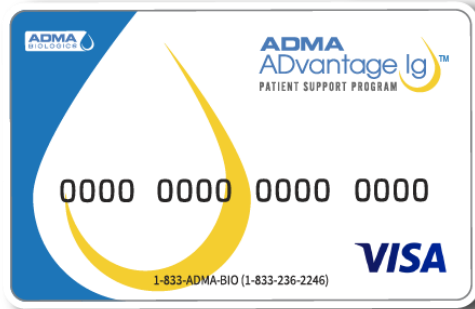


# A Simple Path for Rapid Reimbursement

## ADMA ADvantage Ig™ PATIENT SUPPORT PROGRAM

**ASCENIV™**  
IMMUNE GLOBULIN INTRAVENOUS  
(HUMAN) — sIra 10% LIQUID

**BIVIGAM**  
IMMUNE GLOBULIN INTRAVENOUS  
(HUMAN), 10% LIQUID



PSP verifies ASCENIV™ or BIVIGAM® codes. A virtual debit card number is sent to HCP via secure email within 7-10 business days



HCP and patient complete Program Enrollment form; fax to Patient Support Program (PSP) at **833-216-0441**

