

To enroll your practice in the Esbriet Recertification Reminder Program, please complete this form and fax it to (844) 372-7444. Please write legibly and complete all required sections to prevent delays.

By submitting this fax, you are requesting Genentech Access Solutions to enroll you in the Esbriet Recertification Reminder Program. Once enrolled, you will be sent reminders via fax to recertify your patients for Esbriet.

Physician and Practice (required)

Physician's Last Name: _____ First Name: _____
 National Provider Identifier (NPI): _____
 Practice Name (use legal entity name): _____
 Preferred Practice Contact Person*: _____
 Street: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____ Email: _____
 Group NPI: _____

*All Recertification Reminder Program communications will be sent to the preferred contact indicated here.

The completion and submission of coverage- or reimbursement-related documentation are the responsibility of the patient and health care provider. Genentech makes no representation or guarantee concerning coverage or reimbursement for any service or item.

Other Practice Locations (optional)

Practice Name: _____	Practice Name: _____
Practice Contact Name: _____	Practice Contact Name: _____
Street: _____	Street: _____
City: _____	City: _____
State: _____ ZIP: _____	State: _____ ZIP: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____
Group NPI: _____	Group NPI: _____

Enroll additional physicians associated with the practice(s) above (please leave blank if none)

Additional Physicians (optional)

Physician's Full Name: _____	Physician's Full Name: _____
NPI: _____	NPI: _____
Physician's Full Name: _____	Physician's Full Name: _____
NPI: _____	NPI: _____
Physician's Full Name: _____	Physician's Full Name: _____
NPI: _____	NPI: _____

You may copy this page for additional practice locations and/or physicians as necessary.

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