

Recertification Reminder Program Enrollment Form

Phone: (844) 372-7438 Fax: (844) 372-7444 Website: Genentech-Access.com/Esbriet

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's Last Name: First Name: First Name: National Provider Identifier (NPI): Practice Name (use legal entity name): Preferred Practice Contact Person*: Street: ZIP: 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 he 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: Street: Street: Street: Street: Street: ZIP: State: ZIP: Phone: Fax: Phone: Fax: Phone: Fax: Email: Group NPI: Email: Group NPI: Enroll additional physicians associated with the practice(s) above (please leave blank if none)
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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:

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