

Services Requested
(Check all that apply)

Benefits Investigation/Prior Authorization Refer Patient to Co-pay Assistance Appeals Support

Step 1 Patient Information

*First name: _____ *Last name: _____
 *Date of birth (MM/DD/YYYY): ____ / ____ / ____ Gender: Male Female
 Street: _____ Apt: _____
 City: _____ *State: _____ ZIP: _____
 Home phone: (____) _____ - _____ Cell phone: (____) _____ - _____ Do not contact patient
 Preferred language: English Spanish Other: _____ Has patient started therapy? Yes No

Step 2 Insurance Information

Is the patient insured? Yes No

 **If patient is uninsured, please complete the Genentech Patient Foundation Enrollment Form or call (888) 941-3331 for assistance. If insured, please fill out the information below or attach a copy of the patient's insurance cards.**

Primary Insurance

Secondary Insurance

	Primary Insurance	Secondary Insurance
Insurance name		
Subscriber name (if not patient)		
Subscriber/Policy ID #		
Group #		
Insurance phone		

Step 3 Diagnosis and Clinical Information

Please provide the appropriate diagnosis code(s) to the highest level of specificity. For ICD-10-CM coding information, please visit Genentech-Access.com/LUCENTIS.

Anticipated date of treatment: ____ / ____ / ____ *Primary diagnosis code: _____
 Secondary diagnosis code: _____ Tertiary diagnosis code: _____

Step 4 Prescriber Information

*First name: _____ *Last name: _____
 *Practice name: _____
 *Street: _____ Suite: _____ *City: _____
 *State: _____ *ZIP: _____ Prescriber tax ID #: _____
 Prescriber NPI† #: _____ Group NPI† #: _____
 Office contact: _____ Contact phone: (____) _____ - _____ Contact fax: (____) _____ - _____

Step 5 Health Care Provider Certification

By submitting this form, I certify: (a) The above therapy is medically necessary for this patient and the treatment decision has been made by the prescribing physician. (b) If the indication for which this Genentech product is being prescribed to treat is not listed in the FDA-approved label, the prescriber is prescribing the medication for an "unapproved" use, meaning that the FDA has not approved the efficacy, dosage amount or safety of this medication for such a use. (c) The provider's office received the authorization to release the information above and other protected health information (as defined by the Health Insurance Portability and Accountability Act of 1996 [HIPAA]) to Genentech, Inc., Genentech Access Solutions, the contracted dispensing pharmacy, or other contractors for the purpose of requesting reimbursement support, assisting in initiating or continuing therapy, as a break in treatment would negatively impact the patient's therapeutic outcome. (d) The provider's office will not attempt to seek reimbursement for free product provided to the patient. (e) The services requested on behalf of the patient may include benefits investigation (BI), prior authorization (PA) and appeals support, co-pay card and co-pay assistance foundation referral. In the absence of a checkbox selecting a service, Genentech Access Solutions will perform BI/PA services on behalf of the patient. (f) **No action on these services will be taken until the patient consent document has been received.**

†National Provider Identifier.

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