

A guide to reimbursement through the LIBTAYO Surround Copay Program

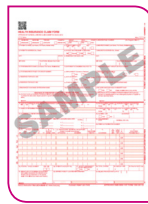
This resource provides information on submitting claims and receiving reimbursement for LIBTAYO when eligible commercially insured patients are enrolled in the LIBTAYO Surround Copay Program.

Submitting claims through the LIBTAYO Surround Copay Program

✓ Submit documents that reflect the charges for the LIBTAYO purchase, as well as reimbursement from the payer, such as:



LIBTAYO Surround Healthcare Provider Representation Form
(one time only)



CMS 1500 or 1450 claim form
(which includes the NDC)



Explanation of benefits from the patient's health insurer

✓ Mail or fax all forms to the LIBTAYO Surround Copay Program



Mail:

LIBTAYO Surround
PO Box 220262
Charlotte, NC 28211-0262



Fax:

1.833.853.8362

When submitting claims by fax, please use the LIBTAYO Surround Copay Program fax cover sheet for claims submissions. Additional copies can be downloaded at LIBTAYOhcp.com

Fill out all fields on the fax cover sheet and be sure to include the following information:



- ✓ The patient's LIBTAYO Surround Copay Program ID number
- ✓ The patient's initials
- ✓ The patient's date of birth
- ✓ The address where the reimbursement check should be mailed

Considerations when submitting claims through the LIBTAYO Surround Copay Program



The LIBTAYO Surround Copay Program will **disburse funds in approximately 7 to 14 business days** of review and approval



You **must not** have received any **payment from the patient or other third party** for the copayment amount



All requests for reimbursement must be **submitted within 120 days** of the date of service

For more information about reimbursement through the LIBTAYO Surround Copay Program, call 1.877.LIBTAYO (1.877.542.8296) Option 1, Monday–Friday, 8 AM–8 PM Eastern time, or visit LIBTAYOhcp.com

For any questions or concerns, or to report side effects with a Regeneron and Sanofi product for patients enrolled in LIBTAYO Surround, please contact LIBTAYO Surround at **1.877.LIBTAYO (1.877.542.8296) Option 1**, Monday–Friday, 8 AM–8 PM Eastern time.

REGENERON SANOFI GENZYME 

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LIBTAYO®
(cemiplimab-rwlc)
Injection 350 mg