

# Understanding the LIBTAYO Surround summary of benefits

## Tips to clarify your patient's health insurance coverage for LIBTAYO

Once you prescribe LIBTAYO for your patient, a benefits investigation is an important first step to determining how LIBTAYO will be covered under your patient's health plan. When you choose LIBTAYO Surround for access and reimbursement support services:

- LIBTAYO Surround conducts a benefits investigation on behalf of your patient
- LIBTAYO Surround sends you a summary of benefits that outlines the patient's coverage for LIBTAYO and provides important information needed to access LIBTAYO

This tool summarizes the information that is included in the LIBTAYO Surround summary of benefits and identifies the pertinent information that will be required to access LIBTAYO once you prescribe it for your patient.

### Summary of benefits: Patient benefit profile

#### A Patient record ID

Identifies the patient according to the number assigned by LIBTAYO Surround. Refer to this number when speaking with a LIBTAYO Surround Reimbursement Specialist

#### B Payer information

Summarizes the patient's health plan information

#### C Diagnosis

Indicates the diagnosis code(s) that the patient's physician selected on the LIBTAYO Surround Enrollment Form



**LIBTAYO SURROUND**

PO Box 220912  
Charlotte, NC 28211-0912  
Phone: 1.877.LIBTAYO (1.877.543.8296) Option 1  
Fax: 1.833.453.8342  
LIBTAYOhelp.com

**Summary of Benefits for LIBTAYO**  
Patient benefit profile

This is not a guarantee of insurance coverage. All benefits are subject to the insured's plan at the time services are rendered. Under no circumstances shall the LIBTAYO Surround program be held responsible or liable for payment of any claims, benefits, or cost. Any coding information discussed in this document is provided for informational purposes only, is subject to change, and should not be construed as legal advice. Providers should exercise independent clinical judgment when selecting codes and submitting claims to accurately reflect the services and products furnished to the specific patient.

● Patient record ID: [RECORD\_ID]

● Patient Name: [Patient Name]      Date of Birth: [mm/MM/yyyy]

● Payer Name: [Payer Name]      Employer Name: [Employer Name]

● Plan Name: [Plan Name]      Plan Type: [Plan Type]

● Policy Number: [Policy Number]      Group Number: [Group Number]

● Policy Level: Primary/Secondary/Tertiary      Policy Effective Date: [Effective Date Begin]

● Policy End Date: [Effective Date End]      Payer Phone: [Payer Phone]

● Payer Contact: [Payer Contact]      Self-Funded: [Yes/No]

● Verified for Primary Diagnosis: [ICD10 Code]

● Verified for Secondary Diagnosis: [ICD10 Code]

● Verified for Tertiary Diagnosis: [ICD10 Code]

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## Summary of benefits: Patient benefit profile (cont'd)

The form is titled 'LIBTAYO SURROUND' and includes contact information: PO Box 220062, Charlotte, NC 28221-0062, Phone: 1.877.LIBTAYO (1.877.542.8296) Option 1, Fax: 1.803.853.8362, and LIBTAYOhcp.com.

**Section D: Prior authorization (PA)** - Points to the 'Prior Authorization Required: (Yes/No)' and 'Prior Authorization Process: PA Information' fields.

**Section E: Medical and pharmacy benefits** - Points to the 'Coverage for LIBTAYO Available? (Yes/No/Undisclosed)' field.

**Section F: Additional instructions** - Points to the 'Additional Instructions: Claims address, billing guidelines, benefit summary / additional info (coordination of benefits)' field.

**Section G: Patient cost share** - Points to the 'Deductible (Individual)', 'Deductible (Family)', 'Out-of-Pocket Maximum', 'Administration copay', 'Office visit copay', 'Lifetime Maximum', 'Benefit Cap', and 'Copay for LIBTAYO' fields.

### Prior authorization (PA) **D**

Indicates whether PA is required, outlines the health plan's PA process, and suggests documents that may be required for PA submission

### Medical and pharmacy benefits **E**

Details information about the patient's health benefit coverage

### Additional instructions **F**

Provides additional information related to coverage for LIBTAYO, such as a benefits summary, copay referral, the address to submit claims, billing guidelines, and coordination of benefits guidelines if the patient has secondary insurance coverage for LIBTAYO

### Patient cost share **G**

Explains the patient's financial responsibility for LIBTAYO, such as any applicable copays and deductibles or other out-of-pocket expenses required for treatment with LIBTAYO

Note: A benefits investigation is not a guarantee of insurance coverage. All benefits are subject to the insured's plan at the time services are rendered. Under no circumstances shall LIBTAYO Surround be held responsible or liable for payment of any claims, benefits, or costs. The form shown here is an example and does not depict actual LIBTAYO patient/provider information.



Helps eligible patients access LIBTAYO and navigate the health insurance process

Have questions? LIBTAYO Surround is here for you

For more information, contact your local field Reimbursement Manager or call LIBTAYO Surround at 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.

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