

# 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 determine 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 information 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.

### A Patient 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

### Summary of benefits: patient benefit profile

PO Box 220262  
Charlotte, NC 28211-0262  
Phone: 1.877.LIBTAYO (1.877.542.8296) Option 1  
Fax: 1.833.853.8362  
LIBTAYOSurround.com

**Summary of Benefits for LIBTAYO – Specialty Pharmacy**  
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 ID: [PATIENT ID]	
● Patient Name: [Patient Name]	Date of Birth: [MM/DD/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]	Health Plan Funding: [Self-funded, Fully Insured]
● Verified for Primary Diagnosis: [ICD10 Code]	
● Verified for Secondary Diagnosis: [ICD10 Code]	
● Verified for Tertiary Diagnosis: [ICD10 Code]	

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**D Prior authorization (PA)**

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

**E Medical and pharmacy benefits**

Details information about the patient's health benefit coverage

**F Additional instructions**

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

**G Patient cost share**

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

**Summary of benefits: patient benefit profile (cont'd)**

**LIBTAYO SURROUND**

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Major Medical	Coverage for LIBTAYO Available? [Yes/No/Undisclosed]	Prior Authorization Required: [Yes/No]	Prior Authorization Process: PA information	
		Additional Instructions: Copay referral (as applicable), claims address, billing guidelines, benefit summary / additional info (coordination of benefits)		
		Deductible (Individual): Met:	Lifetime Maximum: Met:	
		Deductible (Family): Met:	Benefit Cap: Met:	
		Out-of-Pocket Maximum: Met:	Copay for LIBTAYO:	
		Administration copay:		
		Office visit copay:		
Specialty Pharmacy Benefit	Coverage for LIBTAYO Available? [Yes/No/Undisclosed]	Prior Authorization Required: [Yes/No]	Prior Authorization Process: PA information	
		Additional Instructions: Claims address, billing guidelines, benefit summary / additional info (coordination of benefits)		
		Deductible (Individual): Met:	Lifetime Maximum: Met:	
		Deductible (Family): Met:	Benefit Cap: Met:	
		Out-of-Pocket Maximum: Met:	Copay for LIBTAYO:	
		Mail Order Copay for 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.



May help eligible patients access LIBTAYO and navigate the health insurance process

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

**1.877.LIBTAYO (1.877.542.8296) Option 1,** Monday–Friday, 8 AM–8 PM Eastern time, or visit [LIBTAYOSurround.com](http://LIBTAYOSurround.com)

For any questions or concerns, or to report side effects with a Regeneron 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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