A guide to reimbursement through the

LIBTAYO Surround Commercial 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 Commercial Copay Program.

Submitting claims through the LIBTAYO Surround Commercial 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 and W-9 form (one time only)

CMS-1500 or UB-04 claim form (which includes the NDC)

Explanation of benefits from the patient's health insurer

Upload, mail, or fax all forms to the LIBTAYO Surround Commercial Copay Program

Upload:
The LIBTAYO Surround Commercial Copay Portal
LIBTAYOCopayCard.com

Mail:
2250 Perimeter Park Dr
Suite 300
Morrisville, NC 27560

Fax:
1.888.381.0939

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

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

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

LIBTAYO® (cemiplimab-rwlc) Injection 350 mg

CMS=Centers for Medicare & Medicaid Services; NDC=National Drug Code.

Considerations when submitting claims through the LIBTAYO Surround Commercial Copay Program

LIBTAYO SURROUND®

The LIBTAYO Surround Commercial Copay Program will **disburse funds in approximately 10 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 Commercial Copay Program

Call 1.877.LIBTAYO (1.877.542.8296) Option 1, Monday–Friday, 8 AM–8 PM Eastern time, or visit **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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