

Please fill in the following 2 pages if you are a healthcare provider requesting insurance verification.

PATIENT INFORMATION				
First Name	MI	Last Name		
Street Address		City	State	Zip
Phone Number	Date of Birth	/	/	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Patient Primary Insurance Information		Patient Secondary Insurance Information		
Insurance Name		Insurance Name		
Policy #		Policy #		
Policy Holder Name		Policy Holder Name		
Date of Birth		Date of Birth		
Relation to Patient		Relation to Patient		
Insurance Phone #		Insurance Phone #		
Group #		Group #		
MEDICATION AND CODING INFORMATION <i>(Check the medication(s) the patient has been prescribed.) Section 1, cont'd.</i>				
Product	J-code*	ICD/Dx	Secondary ICD code	Tertiary ICD code
<input type="checkbox"/> Aranesp® (darbepoetin alfa) injection	J0881			
<input type="checkbox"/> BLINCYTO® (blinatumomab) injection	J9039			
<input type="checkbox"/> IMLYGIC® (talimogene laherparepvec) suspension for injection	J9325			
<input type="checkbox"/> KYPROLIS® (carfilzomib) for injection	J9047			
<input type="checkbox"/> Neulasta® (pegfilgrastim) Onpro™ kit injection	J2505			
<input type="checkbox"/> Neulasta® (pegfilgrastim) prefilled syringe injection	J2505			
<input type="checkbox"/> NEUPOGEN® (filgrastim) injection	J1442			
<input type="checkbox"/> Nplate® (romiplostim) injection	J2796			
<input type="checkbox"/> Prolia® (denosumab) injection	J0897			
<input type="checkbox"/> Vectibix® (panitumumab) injection for IV infusion	J9303			
<input type="checkbox"/> XGEVA® (denosumab) injection	J0897			
<p>Please see Full Prescribing Information, including Boxed WARNINGS and Medication Guide, for BLINCYTO® at blincyto.com. Please see Full Prescribing Information, including Boxed WARNINGS and Medication Guide, for Aranesp® at aranesp.com. Please see Full Prescribing Information, including Boxed WARNINGS, for Vectibix® at vectibix.com.</p> <p><i>*For a full list of codes, refer to the Centers for Medicare & Medicaid Services 2017 Index^{1,2}</i></p> <p>References: 1. Centers for Medicare & Medicaid Services. 2017 Alpha-Numeric HCPCS File. Available at: https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Downloads/2017-Alpha-Numeric-Index.pdf. Accessed August 11, 2017. 2. Centers for Medicare & Medicaid Services. CMS Manual System. Transmittal 3685. Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3685CP.pdf. Accessed August 11, 2017.</p>				
Previous therapies, if any:				
Concurrent treatments, if any:				
For Neulasta® Onpro™ Patients: Send a sharps disposal container? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Site of Care: <input type="checkbox"/> Physician Office <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Home Health <input type="checkbox"/> Mail Order Pharmacy <input type="checkbox"/> Specialty Pharmacy <input type="checkbox"/> Retail Pharmacy <input type="checkbox"/> Other				

PRESCRIBER INFORMATION

Prescriber Name	State Where Licensed	State License #
Prescriber Type	NPI#	
Physician Name <small>(if different from the prescriber)</small>	State Where Licensed	State License #
Payer Specific Provider Number		
Facility Name	Facility Type	<input type="checkbox"/> Prescriber Office/Clinic <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hospital Inpatient
Facility Address	City	State Zip
Primary Contact Name	Title/Role	
Primary Phone #	Primary Fax #	Primary email

By completing and faxing this form, you represent that your patient is aware of the disclosure of their personal health information to Amgen and its agents for Amgen's patient support services, including reimbursement and verification services and the services provided by field reimbursement professionals in your office, as part of the patient's treatment with this product and that you have obtained appropriate patient authorizations as needed.