

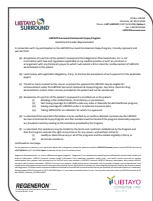
A guide to reimbursement through the LIBTAYO Surround Commercial Copay Program



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*



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



Online:

Via the Commercial Copay Program Portal (use the *document upload* feature at 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, which can be obtained from your Reimbursement Manager or downloaded from 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

*The completed W-9 form is required for the initial office claim submission into the Commercial Copay Program and may be required for subsequent claim submissions, as requested by LIBTAYO Surround.

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



Considerations when submitting claims through the LIBTAYO Surround Commercial Copay Program



The LIBTAYO Surround Commercial Copay Program will **disburse funds once the claim has been approved and processed**. Your Reimbursement Manager can help you navigate this process



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 365 days** of the date of service

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

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.

REGENERON®

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LIBTAYO®
(cemiplimab-rwlc)
Injection 350 mg