

LIBTAYO Surround Commercial Copay Program
Healthcare Provider Representation

In connection with my participation in the LIBTAYO Surround Commercial Copay Program, I hereby represent and warrant that:

- (a) Acceptance of a portion of the patient's copayment from Regeneron Pharmaceuticals, Inc. is not inconsistent with laws and regulations applicable to my medical practice or with any contract or arrangement with any third-party payer to which I will submit a bill or claim for reimbursement of LIBTAYO administered to the patient
- (b) I will comply with applicable obligations, if any, to disclose the acceptance of such payment to the applicable payers
- (c) The bill or claim I submit to the insurer or patient for payment for LIBTAYO may be eligible for reimbursement under the LIBTAYO Surround Commercial Copay Program. Any bill or claim for other services provided to the patient will not be reimbursed
- (d) Acceptance of a portion of the patient's copayment is conditioned on the patient:
 - (i) Residing in the United States, its territories, or possessions,
 - (ii) Not having coverage for LIBTAYO under any state or federally funded healthcare program,
 - (iii) Having coverage for LIBTAYO under a commercial insurance plan,
 - (iv) Taking LIBTAYO for an indication for which it is approved.
- (e) I understand that reported information may be verified by an audit as deemed necessary by the LIBTAYO Surround Commercial Copay Program and that assistance will terminate if the program reasonably suspects any fraudulent activity relating to the assistance provided by the Program
- (f) I understand that assistance may be limited to the terms and conditions established by the Program and that the Program reserves the right at any time or for any reason, and without notice to:
 - (i) modify or discontinue any or all of the programs and the related eligibility criteria, or
 - (ii) terminate assistance

Continued on next page.

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 Pharmaceuticals, Inc. and its affiliates and agents (together, "Regeneron") are committed to protecting the confidentiality of individuals' health and financial information. LIBTAYO Surround receives health information from healthcare providers, health plans, and health insurers pursuant to written authorizations from patients with prescriptions for LIBTAYO who have enrolled in LIBTAYO Surround. LIBTAYO Surround participants also provide LIBTAYO Surround with financial information. LIBTAYO Surround uses patients' health and financial information only to provide coverage and reimbursement, care coordination, and support services and for other purposes required by law. LIBTAYO Surround does not share program participants' medical and financial records with Regeneron. This letter contains personal healthcare information from LIBTAYO Surround and should only be viewed by the individual to whom it is addressed. Please contact LIBTAYO Surround at 1.877.542.8296 Option 1 if you have received this letter in error. You may also return this letter to LIBTAYO Surround at PO Box 220262, Charlotte, NC 28211-0262.



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

Name (please print)

Address

Signature

Date

Phone number

Please complete the information above and submit your consent via fax to LIBTAYO Surround at **1.833.853.8362**.

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