JETREA® (ocriplasmin) Intravitreal Injection, 2.5 mg/mL

Patient Assistance Program (PAP) – Rendered Uninsured

Attestation of Denied Coverage

This form will serve as proof and evidence that the patient's insurance plan will not cover JETREA for an FDA-approved indication. A PAP request cannot be considered until a first-level appeal has been denied. A separate form is required for each of the patient's subsequent insurances.

Please fax this completed form to JETREA CARE® at 1-855-362-0729

Physician's Statement of Accurate Representation (REQUIRED)

Patient Name (Please Print)**:** ____

Patient Date of Birth**:** ____________________ Date of Service**:** ______________________________

Insurance Company / Plan**:** ____

Physician Name (Please Print)**:** ____

Physician Signature (Required)**:** ____Date**:**_________

Attestation: My signature above certifies that the provided information is an accurate representation of my patient's insurance company's denial of coverage for JETREA. If requested, I will provide any and all necessary documentation of denials / appeals in a timely fashion.

___Prior Authorization

Date of initial denial: ____/_____/_____ Reason**:** ________________________________

Date of appeal denial**:** ____/____ /_____ Reason**:** ________________________________

___Claim Denial

Date of initial denial**:** _____/____/_____ Reason**:** ________________________________

Date of appeal denial**:** ____/__ _/______ Reason**:** ________________________________

___Peer-to-Peer Denial

Date of Review**:** _____/_____/_______ Reason**:** ________________________________

___Payer Recoupment

Date of Request**:** _____/_____/_______ Reason**:** ________________________________

PLEASE NOTE: *If a patient is denied insurance coverage as a result of not adhering to a payer's medical policy guidelines for JETREA, an administrative claim error, or an untimely claim filing, your request does not meet the eligibility criteria for PAP.*

For information on PAP, its eligibility criteria, or process, please contact ***JETREA CARE®*** *at* ***1-855-879-5387.***

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