OMIDRIAssure™

COVERAGE WITH CONFIDENCE

Now you can provide the benefits of OMIDRIA—without worrying about coverage and reimbursement

Signing up for OMIDRIAssure is simple.

A facility representative and/or the surgeon should:

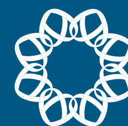
1. Complete all relevant fields in the Patient Enrollment Form (reverse side of this page)
2. Sign the Physician Certification (reverse side of this page)
3. Fax completed form to **1-855-664-3741**

Following the patient-specific benefit verification process performed by OMIDRIAssure, you will be notified whether OMIDRIA is covered by your patient's insurance plan. If your patient's government insurance (e.g., Medicare, Medicaid) does not adequately cover the cost of OMIDRIA, or if he/she is uninsured, your patient may be eligible for the "Equal Access" Patient Assistance Program. Any patient with commercial insurance insufficient to cover the cost of OMIDRIA may be eligible for the "We Pay the Difference" Commercial Reimbursement Program.*

If you need OMIDRIA-related help with:

- Insurance benefits verifications • Insurance eligibility determinations
- Prior authorizations • Coding and claims
- "We Pay the Difference" Commercial Reimbursement Program*
- "Equal Access" Patient Assistance Program

CALL **1-877-OMIDRIA** (1-877-664-3742), 9 AM – 6 PM ET MONDAY-FRIDAY, OR VISIT **WWW.OMIDRIASSURE.COM**



OMIDRIA®

(phenylephrine and ketorolac injection) 1% / 0.3%

*Provides financial support to your patient by covering the difference between your facility's acquisition cost for OMIDRIA and the amount paid by your patient's insurance less a $30 patient responsibility.

Patient Enrollment Form

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This form should be completed by a physician and/or by a facility representative and signed by a physician prior to surgery. A printout of the patient's Electronic Medical Record may be substituted for relevant sections of this form.

PATIENT INFORMATION (Note: only US residents are eligible)

First Name ______ Middle Initial ___ Last Name ______

Date of Birth ______ Home Phone ______ Cell Phone ______

Address (not PO box) ______

City ______ State or Commonwealth ______ Zip Code ______

PATIENT INSURANCE INFORMATION

Does the patient have medical and/or prescription benefits through any private commercial or government health insurance program? Yes ☐ No ☐

If yes, complete the following:

Primary Insurance Carrier: Name ______ Phone ______

Group Number ______ Policy Number ______

Name of Policy Holder ______ Relationship to Policy Holder ______

Policy Holder's DOB (if not patient) ______

Secondary Insurance: Name ______ Phone ______

Group Number ______ Policy Number ______

Name of Policy Holder ______ Relationship to Policy Holder ______

Policy Holder's DOB (if not patient) ______

PHYSICIAN INFORMATION

Physician Name ______ NPI# ______

Tax ID# ______ Patient Diagnosis ICD-9/ICD-10 Code(s) ______

Procedure Code CPT Code ______ Date of Surgery ______ Site of Surgery (check one) HOPD ☐ ASC ☐

Facility/Practice Name ______ DEA# ______

Address (not PO box) ______ City ______

State or Commonwealth ______ Zip Code ______ Phone ______ Fax ______

Site Contact Name ______ Email ______

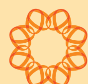
PHYSICIAN CERTIFICATION

My signature below certifies that the patient named above is my patient and that the information provided is, to the best of my knowledge, complete and accurate. I have obtained the patient's authorization to disclose his/her personal and health information to the OMIDRIAssure program to use and to disclose as necessary in connection with the possible provision of patient and/or reimbursement support services. I consent to Omeros Corporation's representatives and agents contacting me to confirm receipt of OMIDRIA or to provide additional information about OMIDRIA and the OMIDRIAssure program. I agree that Omeros Corporation may change or terminate any of the OMIDRIAssure program services at any time without notice.

Physician Signature ______ Date ______

Fax completed and signed form to 1-855-664-3741

For Indications and Important Safety Information, please read the Full Prescribing Information at www.OMIDRIA.com/prescribinginformation.



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