SeaGen Secure® | Patient Assistance & Reimbursement Support

Phone: 855.4SEAGEN (855.473.2436), option 1

SeaGenSecure.com

ADCETRIS® (brentuximab vedotin) for injection
Patient Assistance/Benefits Investigation Request Form

Complete and fax to 855.557.2480 or e-mail to CaseManager@seagensecure.com

For benefits investigation, please fill out page 1. For patient assistance, fill out both pages.

Please check all that apply:

[ ] **Patient is uninsured** and has no current insurance and requests patient assistance.

[ ] **Patient is underinsured and his/her ADCETRIS injection for intravenous infusion claim(s) has been denied.** Attach copies of the claim(s) and explanation of benefits (EOB).

[ ] **Patient is requesting a benefits investigation only** to determine patient's coverage and co-insurance for ADCETRIS.

[ ] **Patient has commercial/private insurance and has coverage for ADCETRIS.** Patient is requesting ADCETRIS co-insurance assistance. Be prepared to fax or e-mail copies of the claim(s) and EOBs after each date of service.

Is there consent on file within your facility to release patient information to SeaGen Secure for the purposes of verifying benefits for ADCETRIS or patient assistance program consideration? Y N. If No, please obtain this consent prior to submitting patient information to SeaGen Secure.

PHYSICIAN/PROVIDER INFORMATION			
Physician Name			
Name of Group/Hospital	Tax ID #	NPI	
Correspondence Address		Exp. Date	
City	State	ZIP	
Office Contact Name	Phone	Extension	
Contact's E-mail Address		Fax	
Shipping Address (if different from above)			
City	State	ZIP	
Site Preferences: Please indicate if there is a day(s) M-F that you cannot accept shipments			

PATIENT INFORMATION			
Patient Name	SSN	DOB	
Address	City	State	ZIP
How long has the patient resided at this address?		Female/Male	
E-mail Address	Phone	Other Phone or Cell	
Alternate Contact	Phone	Other Phone or Cell	
Diagnosis	ICD-9CM/ICD-10	Treatment Start Date	
Has the patient received a transplant? Y N	Is ADCETRIS being used as consolidation therapy? Y N	If yes, was the transplant autologous or allogeneic?	
What line of therapy is ADCETRIS?	Which previous multiagent regimen(s) has the patient received?		

HEALTH INSURANCE INFORMATION – You may also attach copies of insurance cards				
	Commercial/private	Medicare	Medicaid	Other
Insurance Company Name				
Policy Number				
Group Number				
Telephone Number				
Policyholder's Name				
Policyholder's DOB				
Payer/Provider ID Number				

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COMPLETE ONLY IF PATIENT IS UNINSURED	
Patient's Employer	Does patient's employer offer health insurance?
Patient's Spouse's Employer	Does patient's spouse's employer offer health insurance?
Has patient attempted to enroll in a Health Insurance Exchange (HIE) plan? Y N	
Has patient attempted to apply for his/her state Medicaid? Y N Note: Medicaid and/or HIE application is required regardless of eligibility. **Patient Assistance Program enrollment begins on a temporary basis.**	

FINANCIAL/OTHER INFORMATION		
Patient's current gross annual **family household** income (for the previous 12 months)	$	
Number of patient's household members dependent on income (include applicant)		
• Is patient a veteran of the US armed forces?	Yes	No
• Does patient permanently reside in the US or a US territory?	Yes	No
• Does patient meet residency criteria for some form of public assistance?	Yes	No

The healthcare provider and patient remain fully responsible for all claims made to private insurers or government programs, including the accuracy of all information submitted. All claims for Seattle Genetics products should be made in accordance with legal and contractual requirements. Many factors influence reimbursement, and the policies and practices of private and public payers may change without notice. Seattle Genetics reserves the right to modify or discontinue the program, without notice, at any time.

Seattle Genetics, Inc. and SeaGen Secure will utilize this patient information for the sole purposes of a benefits investigation and patient assistance assessment. The program will not sell, rent, or otherwise distribute any patient information outside of Seattle Genetics, Inc. or its agents.

SeattleGenetics®