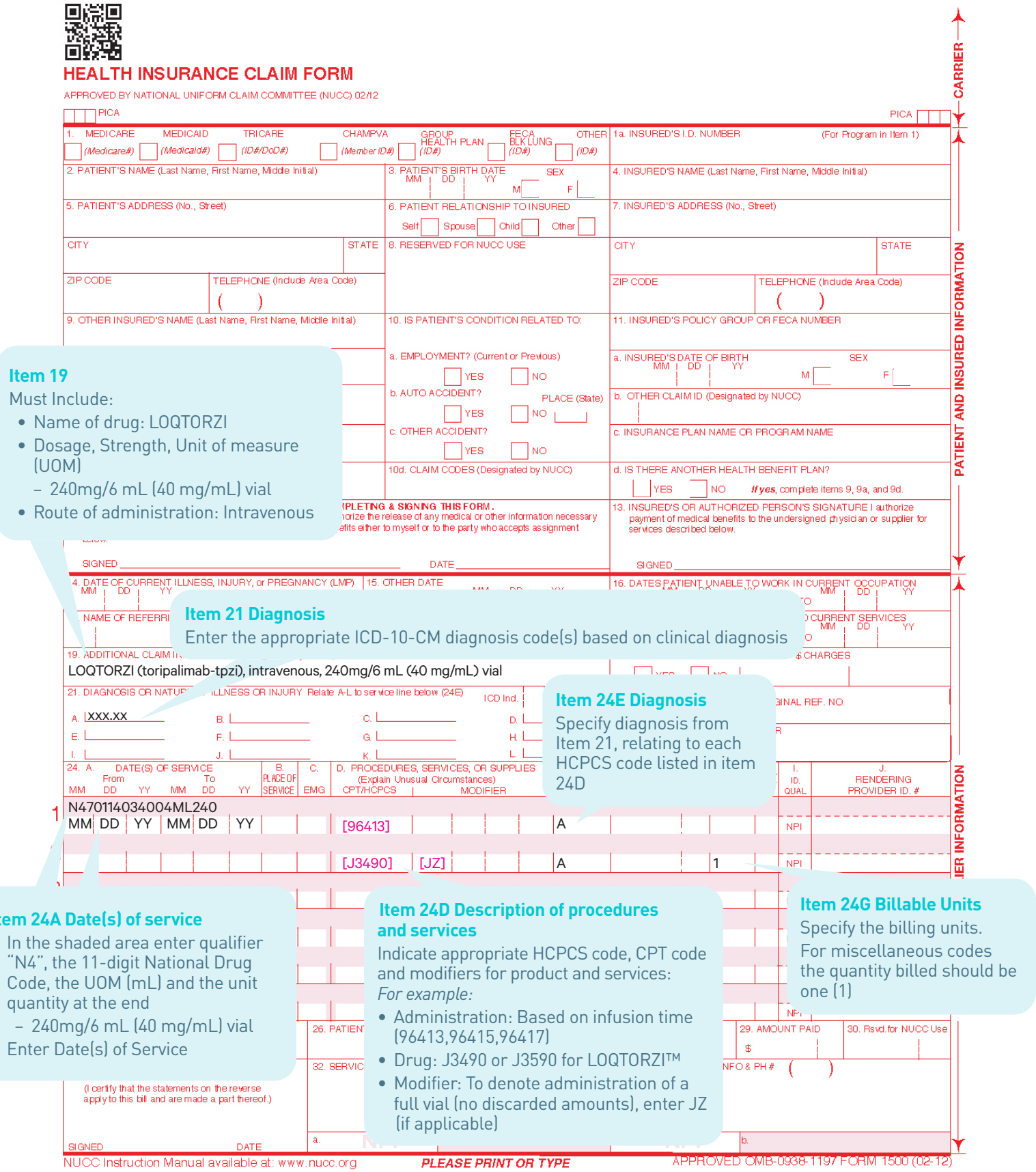
Sample CMS-1500 Claim Form for Office Billing: LOQTORZI™ (toripalimab-tpzi)



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM DD YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code)

ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

...PLETING & SIGNING THIS FORM. ...horize the release of any medical or other information necessary ...efits either to myself or to the party who accepts assignment

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED DATE

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY

15. OTHER DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY

NAME OF REFERRI...

...CURRENT SERVICES MM DD YY

19. ADDITIONAL CLAIM I...

LOQTORZI (toripalimab-tpzi), intravenous, 240mg/6 mL (40 mg/mL) vial

...CHARGES

21. DIAGNOSIS OR NATUR... ...LLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. xxx.xx B. C. D.

E. F. G. H.

I. J. K. L.

...GINAL REF. NO.

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | I. ID. QUAL | J. RENDERING PROVIDER ID. #

1	N4701140340O4ML240 MM DD YY MM DD YY				[96413]			A			NPI	
					[J3490]	[JZ]		A		1	NPI	
											NPI	

26. PATIENT...

29. AMOUNT PAID $

30. Rsvd.for NUCC Use

32. SERVIC...

...NFO & PH # ( )

(I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

a. b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

...IER INFORMATION

Item 19

Must Include:

- Name of drug: LOQTORZI
- Dosage, Strength, Unit of measure (UOM)
  - 240mg/6 mL (40 mg/mL) vial
- Route of administration: Intravenous

Item 21 Diagnosis

Enter the appropriate ICD-10-CM diagnosis code(s) based on clinical diagnosis

Item 24E Diagnosis

Specify diagnosis from Item 21, relating to each HCPCS code listed in item 24D

Item 24A Date(s) of service

- In the shaded area enter qualifier "N4", the 11-digit National Drug Code, the UOM (mL) and the unit quantity at the end
  - 240mg/6 mL (40 mg/mL) vial
- Enter Date(s) of Service

Item 24D Description of procedures and services

Indicate appropriate HCPCS code, CPT code and modifiers for product and services:

For example:

- Administration: Based on infusion time (96413,96415,96417)
- Drug: J3490 or J3590 for LOQTORZI™
- Modifier: To denote administration of a full vial (no discarded amounts), enter JZ (if applicable)

Item 24G Billable Units

Specify the billing units.

For miscellaneous codes the quantity billed should be one (1)

This sample claims form is for informational purposes only and does not replace a medical provider's professional judgment. Before initiating LOQTORZI™ treatment, the patient's health insurance provider should be contacted to confirm coverage, coding, and claims submission procedures. All claims should be reviewed for completeness, accuracy, and correct documentation from the patient's medical record. Coherus BioSciences does not guarantee LOQTORZI™ coverage or reimbursement.

LOQTORZI™ (toripalimab-tpzi)injection