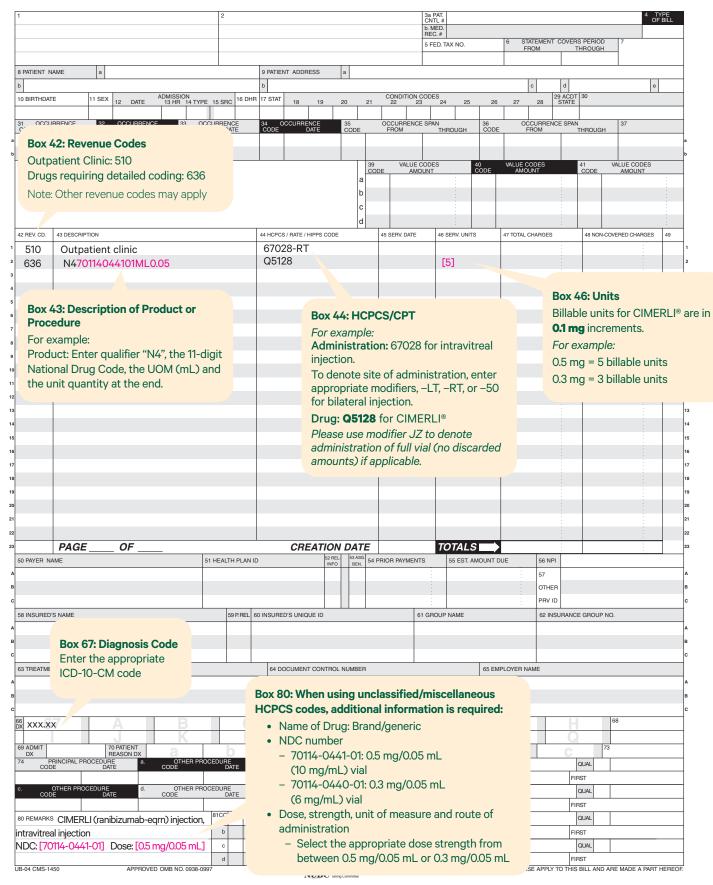
Sample UB-04(CMS-1450) Claim Form for Hospital Outpatient Billing: CIMERLI® (ranibizumab-eqrn) Injection Q-code (effective 4/1/23)



This sample claim form is for informational purposes only and does not replace a medical provider's professional judgment. Before initiating CIMERLI® 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 CIMERLI® coverage or reimbursement.

