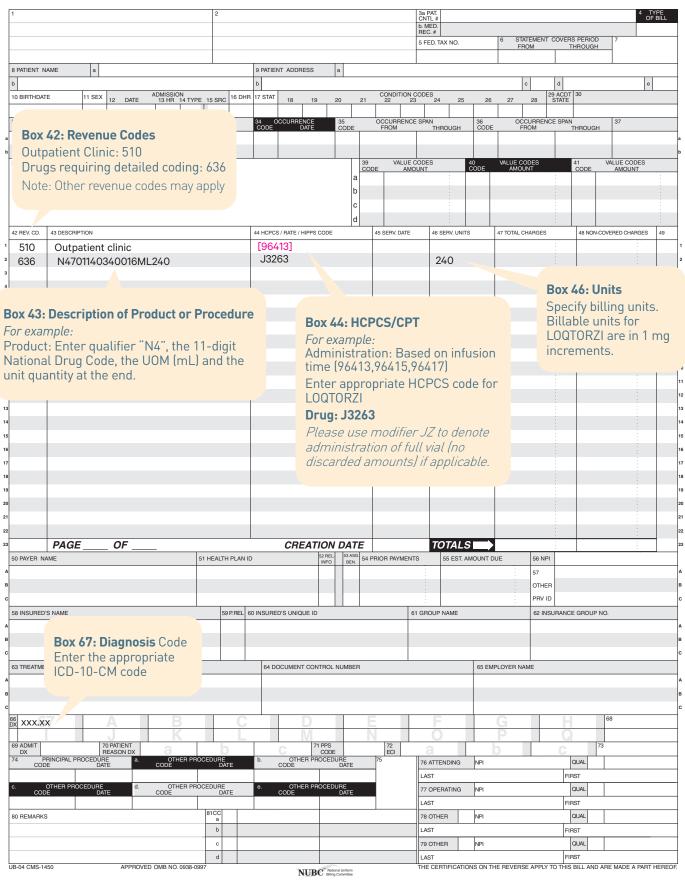
Sample UB-04 (CMS 1450) Claim Form for Hospital Outpatient Billing: LOQTORZI® (toripalimab-tpzi)



This sample claim 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.

