



Vectibix™ (panitumumab) Product Replacement Program Product Replacement Request Form

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND SUBMIT WITH A COPY OF INSURER DENIAL(S)

Facility Name: _____

Physician Name: _____

Contact Name: _____

Shipping Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Patient Name: _____

Social Security Number: ____ - ____ - ____

Date(s) of Service for Vectibix™ Requiring Replacement Due to Insurer Denials: _____

Amount of Vectibix™ Product Administered (Please enter the number of vials for each strength.):

100 mg _____ 200 mg _____ 400 mg _____

CERTIFICATION STATEMENT:

I certify that the Amgen product reported on this form, for which I am requesting product replacement, represents product for which the insurer denied payment upon a second level of appeal and was furnished free of charge to the patient(s) listed above. I understand that any such replacement must be considered a discount and as such must be accounted for in accordance with all applicable laws, rules, and regulations. In addition, I agree to refund or otherwise credit to the patient any product charges associated with the product replaced under this program, including any patient co-payment or deductible, and will ensure that it is not recorded as bad debt. I represent that the information contained in this form is complete and accurate to the best of my knowledge and agree to notify Reimbursement Connection® of any changes I become aware of that would affect the eligibility of this patient claim. The undersigned individual certifies that he or she is authorized to act for and obligate the Sponsor for whom he or she is signing, and that all of the above information is true and accurate and that they have obtained proper patient authorization to release patient-specific information to Amgen in connection with the program.

Physician Signature: _____ Date: _____

Send to: **Reimbursement Connection®**
P.O. Box 13185
La Jolla, CA 92039-3185
Phone: 1-800-272-9376 Fax: 1-888-508-8090

Amgen reserves the right to modify or to discontinue the Vectibix™ Product Replacement Program with respect to any Sponsor, payor, individual claim, or the Program in part or in its entirety, at any time. Product replacement is contingent upon claims being preverified for coverage, and appropriately billed in accordance with the appropriate payor policies and coverage guidelines, as determined by Reimbursement Connection®, and denied upon second appeal.