



Amgen Reimbursement Connection®
 1-800-272-9376 (telephone)
 1-888-508-8090 (fax)

Insurance Verification Request Form for Vectibix™ (panitumumab)

Please complete this form and fax it to 1-888-508-8090 for processing.

Please confirm that this form is completed and faxed successfully to ensure timely completion of the research.

TREATING PHYSICIAN/FACILITY NAME _____

Address _____ Provider Number _____

City, State, ZIP Code _____ Tax ID _____

Contact Name _____ Phone # (____) _____ - _____ Fax # (____) _____ - _____

REQUESTOR PREFERENCES

Check settings of care you would like researched:

Physician Office Retail Pharmacy Infusion Center Hosp Outpatient

How would you prefer results relayed? Phone Fax No preference

PATIENT INFORMATION

Patient Name _____ Date of Birth (DOB) ____ / ____ / ____ (mm/dd/yy)

Phone # (____) _____ - _____ Social Security (Soc. Sec.) # _____ - _____ - _____

PATIENT MEDICAL AND TREATMENT INFORMATION

Diagnosis (please include ICD-9 code):

Primary _____

Secondary _____

Patient weight in kilograms: _____ kg

Date of service: ____ / ____ / ____ (mm/dd/yy)

Describe patient's planned treatment regimen: _____

Has patient received EGFr test? Yes No

Results of EGFr test: _____

PRIMARY INSURANCE (INSURER NAME) _____ State _____

Phone # (____) _____ - _____ Fax # (____) _____ - _____

Policyholder's Name _____ Relation to Patient _____

Policyholder's DOB ____ / ____ / ____ (mm/dd/yy) Soc. Sec. # _____ - _____ - _____

Policy # _____ Group/Plan _____

Employer's Name _____ Policyholder's Phone # (____) _____ - _____

SECONDARY INSURANCE (INSURER NAME) _____ State _____

Phone # (____) _____ - _____ Fax # (____) _____ - _____

Policyholder's Name* _____ Relation to Patient* _____

Policyholder's DOB* ____ / ____ / ____ (mm/dd/yy) Soc. Sec. #* _____ - _____ - _____

Policy # _____ Group/Plan _____

Employer's Name _____ Policyholder's Phone # (____) _____ - _____

This verification of benefits is not a guarantee of payment by the payor, but is deemed as current coverage information as relayed by the payor to the Amgen Reimbursement Connection®. This verification cannot take the place of written policy information from the payor.

***Complete only if different from primary insurance information.**