SeaGen Secure® Access. Advocates. Answers.

Phone: 855.4SECURE (855.473.2873)
Option 1 HCP, Option 2 Patient, Option 3 Other Seattle Genetics Services
SeaGenSecure.com

ADCETRIS® (brentuximab vedotin) for injection Patient Assistance/Benefits Investigation Request Form

Complete and fax to 855.557.2480 or e-mail to CaseManager@seagensecure.com
Enrollment can also be completed online at www.SeaGenSecure.com

Please check all that apply:

- ☐ **Patient is requesting a Benefits Investigation only. No additional assistance is requested.**
- ☐ **Patient is uninsured** and has no current insurance and requests patient assistance.
- ☐ **Patient may be underinsured and requests patient assistance if their claim for ADCETRIS injection for intravenous infusion has been denied.** If there is a claim denial, fax or email copies of the claim(s) and explanation of benefits (EOB) for each date of service.
- ☐ **Patient has commercial/private insurance and has coverage for ADCETRIS.** Patient is requesting ADCETRIS deductible and/or coinsurance assistance. Be prepared to fax or e-mail copies of the claim(s) and EOBs after each date of service.

Note: All patient assistance programs require income and residency documentation to determine eligibility.

Is there consent on file within your facility to release patient information to SeaGen Secure for the purposes of verifying benefits for ADCETRIS or patient assistance program consideration? ◉ Y ○ N. If No, please obtain this consent prior to submitting patient information to SeaGen Secure.

PHYSICIAN/PROVIDER INFORMATION			
Physician Name			
Name of Group/Hospital		Tax ID #	NPI
Correspondence Address			Exp. Date
City		State	ZIP
Office Contact Name		Phone	Extension
Contact's E-mail Address			Fax
PATIENT INFORMATION			
Patient Name		SSN	DOB
Address		City	State ZIP
How long has the patient resided at this address?			Female/Male
E-mail Address		Phone	Other Phone
Alternate Contact		Phone	Other Phone
Diagnosis	Stage	ICD-10	Treatment Start Date ___ /___ /____
Has the patient received a transplant? ◉ Y ○ N		Is ADCETRIS being used as consolidation therapy? ○ Y ○ N	If yes, was the transplant autologous or allogeneic?
What line of therapy is ADCETRIS?		Which previous multiagent regimen(s) has the patient received?	
Dosing for Adcetris		Adcetris Treatment Frequency: Weekly____ Q2W_____ Q3W_____ ○ Monotherapy ○ Combination If in combination, with what drugs?	

HEALTH INSURANCE INFORMATION – You may also attach copies of insurance cards

	Commercial/private	Medicare	Medicaid	Other
Insurance Company Name				
Policy Number				
Group Number				
Telephone Number				
Policyholder's Name				
Policyholder's DOB				
Payer/Provider ID Number				

COMPLETE ONLY IF PATIENT IS UNINSURED

Patient's Employer	Does patient's employer offer health insurance?
Patient's Spouse's Employer	Does patient's spouse's employer offer health insurance?

Has patient attempted to enroll in a Health Insurance Exchange (HIE) plan? ○ Y ○ N

Has patient attempted to apply for his/her state Medicaid? ○ Y ○ N
If patient has been denied Medicaid or has Emergency Medicaid, please send a copy of letter with enrollment.
Note: Medicaid and/or HIE application is required regardless of eligibility.
Patient Assistance Program enrollment begins on a temporary basis.

FINANCIAL/OTHER INFORMATION

Patient's current gross annual **family household** income (For the previous 12 months from the date of enrollment.)	$
Number of patient's household members dependent on income (include applicant)	

- Is patient a veteran of the US armed forces? ○ Yes ○ No
- Does patient permanently reside in the US or a US territory? ○ Yes ○ No
- Does patient meet residency criteria for some form of public assistance? ○ Yes ○ No

The healthcare provider and patient remain fully responsible for all claims made to private insurers or government programs, including the accuracy of all information submitted. All claims for Seattle Genetics products should be made in accordance with legal and contractual requirements. Many factors influence reimbursement, and the policies and practices of private and public payers may change without notice. Seattle Genetics reserves the right to modify or discontinue the program, without notice, at any time.

Upon reasonable notice in writing, and not more than once per CY, Seattle Genetics, Inc. shall have the right to audit and examine all documents, correspondence and records related to enrolled patients and product shipments. Upon request, a representative duly authorized by Seattle Genetics, Inc. may contact you by phone or email with an audit request for all or some of your enrolled patients. Complete responses to an audit are required within 30 days of said request. Non-compliance may lead to the possibility of program discontinuation for all or some of your patients.

Seattle Genetics, Inc. and SeaGen Secure will utilize this patient information for the sole purposes of a benefits investigation and patient assistance assessment. The program will not sell, rent, or otherwise distribute any patient information outside of Seattle Genetics, Inc. or its agents.

SeattleGenetics®