HERON CONNECT®

CINVANTI® (aprepitant) injectable emulsion | sustol® (granisetron) extended-release injection

Heron Commitment Program®
Practice Enrollment Form

Please complete and submit by faxing to 1-844-504-8652.

1 PRACTICE INFORMATION

Practice Name: _____

Site Name (if applicable): _____

Site Address: _____

City: _____ State: _____ ZIP: _____

Check Remittance Address (if different from above): _____

City: _____ State: _____ ZIP: _____

Telephone: ( ) _____

Fax: ( ) _____

Office Contact: _____ Office Email: _____ Best Time to Call: _____

2 PROGRAM GUIDELINES

This agreement confirms that the purchasing physician and provider site understands and agrees to the following terms of the Heron Commitment Program™:

- The practice is only required to submit this enrollment form once to enroll in the Heron Commitment Program™. This can be completed after the patient receives treatment
- The Heron Commitment Program™ is for patients who have commercial insurance with confirmed coverage for product
- Either program or the provider must conduct and document a benefit verification for product before a patient receives treatment
- If it is confirmed that the patient has coverage for product that is prescribed by the patient's physician, the claim may be eligible for credit under the program. The provider must then follow all payer guidelines (prior authorizations, pre-determinations, etc) and timely file all claims and appeals in accordance with payer policy
- If the appropriately billed claim(s) is(are) denied, the provider will send a copy of the claim(s) submitted and all explanation of benefits (EOB) to the program. Partial payment is not considered a denial
- The provider must submit at least one level of appeal following all payer guidelines. If the claim is denied again (not partially paid), the provider will be eligible to receive credit for the purchase price of the medication upon receipt of all required documentation. Requested documentation includes patient EOB; first-level appeal denial by the patient's insurance provider (only required for initial denied date of service); a copy of original invoice(s) for the purchased product; and the practice W-9 form
- Only the specific product given on the eligible claim(s) will be replaced
- The program is not payer specific. Both physician offices and hospitals are eligible if the product is given to a commercially insured patient on an outpatient basis. Enrollment is on a claim-by-claim basis
- Request for credit must occur within 12 months of the patient's treatment date
- If the claim does not meet the above guidelines, product is not eligible for credit by the program and will not be subject to the benefits of the program
- Program reserves the right to make eligibility guidelines, terminate, or modify this program at any time for any reason
- Agree to return any copayment, co-insurance, or any other payments made by patient, Heron Therapeutics, or any other party specific to CINVANTI® (aprepitant) injectable emulsion and/or SUSTOL® (granisetron) extended-release injection and the credit being issued
- Understand that the Heron Commitment Program™ and the other product support programs offered by Heron Therapeutics do not impose any purchase obligation at any time or in any manner. Use of CINVANTI and/or SUSTOL may be discontinued at any time, without penalty

The individual signing below represents that he or she has the appropriate authority on behalf of the purchaser to enter into this agreement and the authority to enter into this agreement on behalf of the practice listed on this form.

Physician or Provider Contact Signature: X _____ Date: _____

Name (printed): _____ Title: _____

I attest that the information supplied is complete and accurate. I understand this information is for the sole use of the program, its representatives, and/or agents selected in order to assess eligibility for participation in the Heron Commitment Program™. I understand eligibility under the program is subject to approval under the guidelines, and that the manufacturer reserves the right to change or terminate the program without prior notice. I agree to abide by this certification throughout the practice's participation in the program and to notify the program if aspects of this certification are no longer applicable.

HERON THERAPEUTICS

Heron Connect Phone: 1-844-437-6611; Fax: 1-844-504-8652; Hours: 8 AM-8 PM ET, M-F