

# GSK Reimbursement Resource Center

## BEXXAR<sup>®</sup> Therapeutic Regimen

### Prior Authorization Assistance

## Administering Facility and Physician Enrollment Form

### Administering Site Information

Facility Name	Tax ID Number		
Street Address	City	State	ZIP Code
Telephone	Fax	E-mail	
Administering MD Name	Administering MD Specialty		

### Key Facility Individuals

Department	Contact Name	Telephone Number	E-mail Address
Nuclear Medicine:			
Billing:			

To respond to your reimbursement needs in a timely manner, please provide relative provider identification numbers for the payers listed below. Provider identification numbers are kept on file and will be used to research patient benefits for current and future BEXXAR patients.

MEDICARE	PROVIDER NUMBER
MEDICAID	PROVIDER NUMBER
COMMERCIAL INSURER	PROVIDER NUMBER
COMMERCIAL INSURER	PROVIDER NUMBER
COMMERCIAL INSURER	PROVIDER NUMBER
Authorized Institution Signature	Date

All patient and physician information and documentation obtained in relation to this program will be held in strict confidence. Please call (800) 745-2967 between 9:00am and 6:00pm Eastern Time, Monday through Friday, if you have any questions.

Please fax or mail this completed Form to:  
**GSK Reimbursement Resource Center**  
 PO Box 221425  
 Charlotte, NC 28222-1245  
 (800) 745-2967 telephone  
 (866) 216-5292 fax