

GSK Reimbursement Resource Center
BEXXAR[®] Therapeutic Regimen
Prior Authorization - Referring Physician Enrollment Form

Treating/Referring Physician Information

Last Name	First	Tax ID Number	
Street Address	City	State	ZIP Code
Telephone	Fax	E-mail	
Office Name	Telephone	Fax	
Office Contact Name	Title	Telephone	

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
Physician 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