

EYLEA4U® Connect



PROVIDER PORTAL

USERS' GUIDE

www.EYLEA4Uportal.com

EYLEA®
(aflibercept) Injection



WELCOME TO » THE EYLEA4U[®] PROVIDER PORTAL

This guide provides you with information to maximize your use of the EYLEA4U Provider Portal. Specifically, you will find detailed information about different support, features, and tips available 24 hours a day, 7 days a week.

This guide provides detailed information for the following features:

» Registration

See step-by-step instructions for registering with the EYLEA4U Provider Portal via the secure interactive portal.

» Logging In

To ensure the privacy of your information and your patient's data, we require registered users to log in to view and manage information and submit requests. In this section, you will find instructions for logging in to the Provider Portal once you have registered.

eSignature

EYLEA4U has 2 options for securing your electronic signature:

EZSign: Simply fill out, sign, and fax the EYLEA4U Healthcare Provider Electronic Enrollment Form Representation to EYLEA4U at 1-888-335-3264. Your signature will be placed on file, allowing you to submit enrollment forms on the EYLEA4U Provider Portal.

NTIS: Regeneron Pharmaceuticals has partnered with the National Technical Information Service (NTIS) network to support electronic physician signature (eSignature) authentication.

» Managing User Profile

In addition to submitting requests online, you can create and manage profiles of patients, providers, and facilities. Once you add patients, providers, or facilities to your profile, you can easily add them to your requests with just a few clicks instead of re-entering the information each time. You can also change your personal information or password anytime you choose.

» Submitting Requests

See step-by-step instructions for submitting requests using the EYLEA4U Enrollment Form, including what a successful enrollment looks like and enrollment troubleshooting.

» eEligibility

Re-verify the medical insurance status of an enrolled patient who has previously completed a benefit verification.

» Program Alerts, Message Center, and Patient Case Reports

The last sections of the guide provide information on additional components of the Provider Portal.

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WEB SUPPORT

Our Web Support Team is available to answer your questions about the EYLEA4U® Provider Portal. To speak with a Web Support Team member, call **1-855-EYLEA4U** (1-855-395-3248), select Option 4, then Option 3, and **ask for Web Support** anytime Monday–Friday 9 AM–8 PM Eastern Time.

Our Web Support Team consists of 2 types of analysts for handling different kinds of Provider Portal questions, issues, and requests:

Level 1 Analyst

EYLEA4U Team member with additional training to address general Provider Portal questions, issues, and requests (eg, user name and password issues)

Level 2 Analyst

Information Technology Team member with additional knowledge to address more technical questions, issues, and requests

» **If a Level 1 Analyst cannot complete your request, he or she will escalate the request to a Level 2 Analyst.** Escalated requests will be responded to within 48 hours of being received.



REGISTRATION

The EYLEA4U Provider Portal allows you to quickly and easily submit secure requests electronically. Registered users can add patients, providers, and facilities to their profiles to reduce the requirement of filling out the same information over and over again. Registered users can also view the status and results of their requests anytime.

WELCOME TO EYLEA4U[®] CONNECT VIA THE PORTAL

EYLEA[®] (afibercept) Injection 4U[™]

FOR U.S. HEALTHCARE PROFESSIONALS ONLY

[Home](#) [Register Now](#) [Program Tools](#)

User Name Password [Login](#)

Please protect the confidentiality of your patients by not revealing or sharing login credentials

[Register Now](#) [User Name](#) | [Forgot Password](#) | [Change Password](#)

Effective September 15, 2021:

NEW EYLEA4U[®] Enrollment Form

To register for online assistance, [Register Now ▶](#)

Already registered? Log in above.
1-855-EYLEA4U (1-855-395-3248), Option 4

PRESCRIBING INFORMATION
EYLEA[®] (afibercept) Injection

CONTACT US

Phone Numbers
Voice: 1-855-EYLEA4U, Option 4 (1-855-395-3248)
Fax: 1-888-335-3264

Hours: Monday-Friday
9 AM - 8 PM Eastern Time

An EYLEA4U Connect enrollment can help over 40% of patients receive a benefit verification within 60 seconds* for a faster time to treatment—right in your office—for a better patient experience.

Electronic submissions — Electronic enrollment solutions — Faster program enrollment

Faster time to treatment ←

To register with the EYLEA4U Provider Portal

- Visit and bookmark www.EYLEA4Uportal.com
- Click either of the **Register Now** links to be taken to the User Registration page

REGISTRATION (cont'd)

WELCOME TO

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FOR U.S. HEALTHCARE PROFESSIONALS ONLY

[Home](#) [Register Now](#) [Program Tools](#)

User Name

Password

Login

Please protect the confidentiality of your patients by not revealing or sharing login credentials.

[Register Now](#) | [Forgot User Name](#) | [Forgot Password](#) | [Change Password](#)

Effective
September 15, 2021:

NEW

EYLEA4U[®]

**Enrollment
Form**

To register for online assistance,
click here:

[Register Now ▶](#)

Already registered?
Log in above.

1-855-EYLEA4U (1-855-395-3248),
Option 4

PRESCRIBING INFORMATION

[EYLEA[®] \(afibercept\) Injection](#)

CONTACT US

Phone Numbers

Voice: 1-855-EYLEA4U, Option 4
(1-855-395-3248)
Fax: 1-888-335-3264

Hours: Monday-Friday
9 AM - 8 PM Eastern Time

Contact Address

EYLEA4U Reimbursement Support
Program
PO Box 220578
Charlotte, NC 28222-0578

User Registration

Fields with an * are required

Your Contact Information

Please provide the following information about yourself.

*Registrant's Contact Type:

Select One

*First Name:

*Last Name:

*Email Address:

*Confirm Email Address:

*Phone Number:

Phone Extension:

Best time to Contact:

Your Office Information

Please provide the following information about your office.

*Office Name:

*Street Address:

Suite/Bldg #:

*City:

*State:

Select One

*Zip Code:

*Phone Number:

Phone Extension:

*Fax Number:

Alternate Contact Information

As an option, you can provide the following information for an alternate person we can call to complete the online registration.

Contact Type:

Select One

*First Name:

*Last Name:

*Email Address:

*Confirm Email Address:



Complete the User Registration form

- Fields marked with an * and that are in blue are required to complete the registration process

REGISTRATION (cont'd)

Within 2 days, EYLEA4U® will contact you to validate your account and send an email to the email address used during the registration process. The final step in the registration process is establishing a user name and password by following the directions in the email.

The image shows an email from EYLEA4U® titled "EYLEA4U® Provider Portal-Complete Registration" and a screenshot of the EYLEA4U Connect website. The website has a header with the EYLEA4U logo and a navigation bar with links for Home, Register Now, and Program Tools. A yellow box on the left of the website highlights the "Effective September 15, 2021: NEW EYLEA4U® Enrollment Form". The main content area is titled "Complete Account Setup" and includes a "Select Your Login Information" section with fields for User Name, Password, and Confirm Password. A "Password Requirements" box lists rules such as "At least one lower case letter" and "Minimum 8 characters in length". Below this is a "Select Your Secret Question and Answer" section with a drop-down menu for the question and a text field for the answer. A "Register Now" button is visible in the bottom left of the website screenshot.



Be sure to check your email—including your spam folder—within 2 days of registration

eSIGNATURE

eSignature allows a physician to sign EYLEA4U® Enrollment Forms electronically and eliminates the need to print and fax forms to EYLEA4U.

EZSign

Here's how it works:

- 1 **Contact your Reimbursement Business Manager (RBM) to initiate the process** and obtain the EYLEA4U Healthcare Provider Electronic Form
- 2 **Physician completes and signs the form**
 - Identify delegate staff to electronically complete EYLEA4U Enrollment Forms on physician's behalf
- 3 **Fax the form to EYLEA4U at 1-888-335-3264**
- 4 **Your RBM and EYLEA4U will contact you** when the form is on file and when you can start submitting EYLEA4U Enrollment Forms electronically through the EYLEA4U Provider Portal



To use NTIS eSignature

- Click eSignature under the My Account menu bar



- After reading about eSignature, initiate the registration process by checking the Enable eSignature box next to the physician being registered
 - Enter the physician's DEA number and email address; then click submit
- The physician will receive an invitation email with instructions to complete the NTIS enrollment. When this email is sent to the physician, the physician's status will change to Registration Request Sent to Physician

NTIS

Regeneron Pharmaceuticals has partnered with the National Technical Information Service (NTIS) to support electronic physician signature (eSignature) authentication.

- To participate, each prescribing physician must register with the NTIS network and authorize the use of his or her eSignature for requests submitted. Registration is secure and Health Insurance Portability and Accountability Act (HIPAA) compliant
 - Electronic signatures are specific to each physician, who must provide both credentials and identification information to be registered and authenticated with the NTIS network

NTIS REGISTRATION BY PHYSICIAN



Step 1: The first email the physician will receive will be the invitation email. Click the register with NTIS link within the email to bring you to the Attestation page



- After reading the eSignature Agreement page, confirm whether the physician wants to delegate submission of online enrollments and apply the eSignature on his or her behalf
 - If the physician does not wish to allow delegates to submit enrollments and apply his or her eSignature, select Elect Not to Authorize Delegates
 - Please note: if Elect Not to Authorize Delegates is selected, the physician will not be able to later add delegates
- Click **Submit** to bring you to the Smart ID Website to complete the registration process

NTIS REGISTRATION BY PHYSICIAN (cont'd)



Step 2: Complete the registration form by entering all requested information. Users will need to answer soft credit check-type questions to verify their identity. This step does not affect their credit profile in any way

The image shows two overlapping screenshots. The background screenshot is the EYLEA 4U registration form, which includes fields for Title, First Name, Middle Initial, Last Name, Suffix, Practice Number, Practice Management System, Practice Address, Practice City, Practice State, Practice Zip, Practice Phone, Practice Fax, Email Address, and Confirm Email Address. The foreground screenshot is an email titled "Request to Authorize eSignature for use with the EYLEA4U Provider Portal" from Smart ID Works. The email includes a Smart ID Works logo, a "To: Lastname, Firstname" field, a "Reversion Policy" link, an "Expires 08/15/2021" date, and a "Dear Firstname Lastname," salutation. The email body contains several paragraphs of text, some of which are highlighted in blue. The email ends with "Thank you!", "Sincerely,", and "EYLEA4U Provider Portal".



Step 3: After completing and submitting the form, users will receive a final verification email

- To complete the verification, users will need their DEA number, the last 4 digits of their Social Security number, and the answer to their secret question (selected during the enrollment process)

MANAGING YOUR ACCOUNT

This feature allows users to manage their account information and create profiles for their prescribing providers and facilities, if they support more than one.

Review your account

- Click **User Profile** under the My Account menu bar option and review your information

Manage your account

- Physician or office information can be modified; other physicians and offices can be added to the account

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FOR U.S. HEALTHCARE PROFESSIONALS ONLY

Home Program Tools Customer Support Message Center **My Account** Patient Tools

You have no new messages | Change Password | Logout

My Account

Use this page to manage your account information as well as your office and physician associations

My Information

*Fields in BOLD are required

User Name: ccamp
*First Name: Christopher
*Last Name: Camp
(999) 999-9999
christopher.camp@eylea.com

Email Preferences

Select an e-mail preference you would like to update.

Email Frequency
Frequency applicable to all alerts you select below.

☒ I want to receive a daily email notification for patient alerts.
☐ I want to receive a weekly email notification for patient alerts.
☐ I do not want to receive email notifications for patient alerts.

Alert Types

Missing Info

☒ Yes, I want to receive email notifications for this patient alert.
☐ No, I do not want to receive email notifications for this patient alert.

eEligibility Check

☒ Yes, I want to receive email notifications for this patient alert.
☐ No, I do not want to receive email notifications for this patient alert.

BV Complete

☒ Yes, I want to receive email notifications for this patient alert.
☐ No, I do not want to receive email notifications for this patient alert.

PA Incomplete

☒ Yes, I want to receive email notifications for this patient alert.
☐ No, I do not want to receive email notifications for this patient alert.

Patient Authorization Due

☒ Yes, I want to receive email notifications for this patient alert.
☐ No, I do not want to receive email notifications for this patient alert.

Prior Authorization

☒ Yes, I want to receive email notifications for this patient alert.
☐ No, I do not want to receive email notifications for this patient alert.

Submit

Email preferences

- Manage email Alert preferences by selecting Turn Off Alerts or choosing to receive Alerts daily or weekly
 - For a complete list of Alerts, see page 33

Submit your changes

- Click **Submit** to have the changes verified and updated by the program. An email will be sent to confirm the account changes

GETTING AROUND

Whether or not you are logged in determines which features you can access. Features are easily accessible through either the main menu bar or the left-hand controls, and you can navigate to any feature at any time within the portal.

The main menu bar has links to various features of the portal

- **Program Tools:** Access forms, reports, J-code information, and portal updates
- **Customer Support:** Contact the support team; view the FAQs or the User Guide
- **Message Center:** View your inbox or compose a new message
- **My Account:** Manage your account information or enroll in eSignature

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FOR U.S. HEALTHCARE PROFESSIONALS ONLY

Home **Program Tools** Customer Support Message Center **My Account** Patient Tools

[You have no new messages](#) | [Change Password](#) | [Logout](#)

My Account

Use this page to manage your account information as well as your office and physician associations

My Information

*Fields in BOLD are required

User Name: ccamp

*First Name: Christopher

*Last Name: Camp

*Contact Phone: (999) 999-9999

*Primary Email: christopher.camp@regene

Office Contact Information

*Fields in BOLD are required

Note: You can only update one site per submission

*Select an Office: Select One

Tax ID:

*Street Address:

Suite/Bldg #:

*City:

*State:

*Zip:

*Office Phone:

Fax Phone:

My Office and Physicians

NOTE: Any changes to your office information require HIPAA compliance.

Manage Associated Office

*To remove an office and its associated physicians, select the office and click the "X" icon.

Important: If you select to remove an office, you will not be able to re-add it.

☐ Salt Lake

☐ Davis, Carol MD

☐ Ferrar, Malcolm MD

☐ Freeman, Doug MD

☐ St Haven

☐ Davis, Carol MD

☐ Ferrar, Malcolm MD

Enroll a Patient

Patient Tools

Select an option...

PRESCRIBING INFORMATION

EYLEA[®] (afibercept) Injection

INCOMPLETE ENROLLMENTS

patient16, test
EYLEA4U Enrollment Form - EYLEA

test, test
EYLEA4U Enrollment Form - EYLEA

EYLEA4U Enrollment Form - EYLEA

EYLEA4U Enrollment Form - EYLEA

EYLEA4U Enrollment Form - EYLEA

VIEW PATIENT PROFILE

Enter patient's last name to search

CONTACT US

The left-hand controls provide information on specific portal features

- Enroll a Patient
- Incomplete Enrollments
- View Patient Profile
- Contact Us

PROGRAM TOOLS

The screenshot shows the EYLEA4U Connect portal. At the top, it says 'WELCOME TO EYLEA4U CONNECT VIA THE PORTAL' and 'EYLEA (aflibercept) Injection 4 U'. Below this is a navigation bar with links: Home, Program Tools, Customer Support, Message Center, My Account, Patient Tools. A message says 'You have no new messages | Change Password | Logout'. The main content area is titled 'EYLEA4U Forms & Examples'. It has two main sections: 'Forms' and 'Sample Letters'. The 'Forms' section includes links for 'EYLEA4U Enrollment Form', 'EYLEA4U Spanish Enrollment Form', 'PAP Product Request Form', and 'PAP Physician Attestation'. The 'Sample Letters' section includes links for 'Letter of Medical Necessity: All Indications', 'Sample Letter of Medical Necessity: All Indications', 'Appeal Letter for Prior Authorization Denial', 'Sample Appeal Letter for Prior Authorization Denial', 'Appeal Letters', 'Sample Appeal Letter for Claims Denial', 'Sample Appeal Letter for Bilateral Injection Denial', 'Sample Appeal Letter for Neovascular (Wet) Age-related Macular Degeneration Dosing', 'Medical Exception Letter', and 'Sample Medical Exception Letter'. There is also an 'Other Resources' section with a link for 'Flash Cards' and 'CMS Sample 1450 Claims Flash Card'. On the left side, there is a yellow box with the text 'Effective September 15, 2021: NEW EYLEA4U Enrollment Form' and a button 'Enroll a Patient'. Below this are sections for 'Patient Tools', 'PRESCRIBING INFORMATION', and 'INCOMPLETE ENROLLMENTS'.



- Click on the document links to download and manually complete the EYLEA4U Enrollment Form (English or Spanish) for a new or existing patient
- Click on the document links to download sample letters and other resources

COMPLETING AN ONLINE ENROLLMENT—NEW OR EXISTING PATIENT



Click **Enroll a Patient**

The screenshot displays the EYLEA4U Connect portal interface. At the top, it says 'WELCOME TO EYLEA4U[®] CONNECT VIA THE PORTAL' and 'EYLEA[®] (afibercept) Injection 4 U'. Below this is a navigation bar with links: Home, Program Tools, Customer Support, Message Center, My Account, Patient Tools. A message bar indicates 'You have no new messages | Change Password | Logout'. The main content area is titled 'Patient Enrollment' and includes a section for 'Effective September 15, 2021: NEW EYLEA4U[®] Enrollment Form'. A red box highlights the 'Enroll a Patient' button. Below this, there are two sets of dropdown menus for selecting enrollment details. The first set is labeled 'Select a Patient to Enroll' and the second set is labeled 'Select a Program:'. The second set includes dropdowns for 'Select a Form:', 'Select Product:', 'Select a Site:', 'Select a Physician:', and 'Select a Patient:'. The selected values are: Reimbursement Support, EYLEA4U Enrollment Form, EYLEA, Salt Lake, Davis, Carol MD - Medical Doctor, and New Patient.



- Select a **Program** (Reimbursement Support) and a **Form** (EYLEA4U[®] Enrollment Form)
 - EYLEA4U Enrollment Form is only available under the Reimbursement Support Program
- Enroll a new patient by clicking **New Patient**
- For enrolling an existing patient, the enrollment process is **exactly the same** except that much of the existing patient's information is already prepopulated into the fields for ease of use

COMPLETING AN ONLINE ENROLLMENT—NEW OR EXISTING PATIENT (cont'd)



- Check the appropriate box or boxes to request relevant services you need
- Complete the EYLEA4U Enrollment Form with all the requested information
- Fields marked with an * and that are in blue are required to complete the enrollment process

The screenshot displays the EYLEA4U CONNECT VIA THE PORTAL website. The header includes the EYLEA4U logo and navigation links: Home, Program Tools, Customer Support, Message Center, My Account, and Patient Tools. A banner for the "NEW EYLEA4U Enrollment Form" is prominent, indicating it is effective September 15, 2021. The form is divided into several sections: Patient Details, SUPPORT REQUESTED (with checkboxes for Benefits Investigation, Copay Card Program, Prior Authorization Assistance, Update Patient Record, and Patient Assistance Program), PATIENT INFORMATION (with fields for Name, Gender, Preferred Language, and Contact Information), and INSURANCE INFORMATION (with checkboxes for third-party or private insurance and primary insurance). The form also includes a section for "Patient Tools" with a dropdown menu and a "Contract Us" section with contact information.



Enter information for the patient

- Complete all required fields on each tab of the enrollment form
 - To navigate, you can use either the buttons on the tabs or the tabs themselves
- Review the data you have entered

COMPLETING AN ONLINE ENROLLMENT—NEW OR EXISTING PATIENT (cont'd)

Enter Information for the Remaining Sections

Complete all required fields on each tab of the enrollment form. To navigate, you can use either the buttons on the tabs or the tabs themselves. Review the data you have entered, correct any errors, and submit.

The screenshot shows the 'Diagnosis Details' tab selected. The form title is 'Diagnosis Details'. Below the title, there are tabs for 'Patient Details', 'Diagnosis Details', 'Prescription Details', 'Physician Details', 'Financial Details', and 'Review Selections'. The 'Diagnosis Details' tab is active. The instruction says 'Please provide the patient's diagnosis and treatment information (highest level of specificity)'. The form contains a section for 'Wet Age-related Macular Degeneration' with two radio button options: 'Exudative age-related macular degeneration With active choroidal neovascularization' (selected) and 'With inactive choroidal neovascularization'.

The screenshot shows the 'Prescription Details' tab selected. The form title is 'Prescription Details'. Below the title, there are tabs for 'Patient Details', 'Diagnosis Details', 'Prescription Details', 'Physician Details', 'Financial Details', and 'Review Selections'. The 'Prescription Details' tab is active. The instruction says 'Please provide the prescription for this patient'. The form contains a section for 'EYLEA® (aflibercept) injection' with a radio button option for 'Drug Allergies'.

The screenshot shows the 'Physician Details' tab selected. The form title is 'Physician Details'. Below the title, there are tabs for 'Patient Details', 'Diagnosis Details', 'Prescription Details', 'Physician Details', 'Financial Details', and 'Review Selections'. The 'Physician Details' tab is active. The instruction says 'Please review physician details below. To update disabled fields, please use the My Account menu option or call 1-855-EYLEA4U (1-855-355-3246), Option 4'. The form contains a section for 'PHYSICIAN INFORMATION' with a dropdown for 'Site of Service' (selected: Physician Office), a text field for 'Practice/Facility Name' (Salt Lake), and text fields for 'First Name' and 'Last Name'.

The screenshot shows the 'Financial Details' tab selected. The form title is 'Financial Details'. Below the title, there are tabs for 'Patient Details', 'Diagnosis Details', 'Prescription Details', 'Physician Details', 'Financial Details', and 'Review Selections'. The 'Financial Details' tab is active. The instruction says 'Please provide the patient's financial information for Patient Assistance only'. The form contains a section for 'FINANCIAL INFORMATION' with a text field for 'How many people live in your household?' and a dropdown for 'Total Annual Household Income (including salary/wages, Social Security income, disability income, any other income)*' (selected: \$0 to \$100,000).

The screenshot shows the 'Review Selections' tab selected. The form title is 'Review Selections'. Below the title, there are tabs for 'Patient Details', 'Diagnosis Details', 'Prescription Details', 'Physician Details', 'Financial Details', and 'Review Selections'. The 'Review Selections' tab is active. The instruction says 'Please review the information below and ensure all information is correct. Note: You will have to correct any fields in error in order to submit the enrollment. All errors are highlighted in RED.' The form contains a section for 'Patient Details'.

Use the Physician Details tab to read the Physician Certification section and check **I AGREE** if physician agrees with the certification section

The Financial Details tab information is only required if you are submitting a Patient Assistance Program (PAP) enrollment form

- Use the Review Selections tab to review all information entered and to upload the enrollment form if the patient has signed it
 - If the patient hasn't signed the form, see page 19

- Once you have completed all the required fields, click **Submit** to finalize the enrollment

SUCCESSFUL ENROLLMENT

If Instant Benefit Verification Completed



If electronic enrollment is available and successful for the patient, the **Congratulations** message will appear as confirmation.

- Click the links to download PDFs of the **Summary of Benefits (SOB)** and successfully completed Enrollment Form for the patient and patient's file

The screenshot displays the EYLEA4U Connect portal interface. The top banner reads "WELCOME TO EYLEA4U CONNECT VIA THE PORTAL" and "EYLEA (afibercept) Injection 4U". Below the banner is a navigation bar with links: Home, Program Tools, Customer Support, Message Center, My Account, Patient Tools. A message indicates "You have no new messages | Change Password | Logout".

The main content area is titled "Patient Enrollment" and includes a "Select a Patient to Enroll" dropdown. Below this, a message states: "To enroll or re-enroll a patient, please select the appropriate enrollment form. • The EYLEA4U Enrollment Form is used to request any one or multiple support programs offered by EYLEA4U and should be completed in its entirety including physician and patient signatures."

Form fields include:

- Select a Program: Reimbursement Support
- Select a Form: EYLEA4U Enrollment Form
- Select a Product: EYLEA
- Select a Site: Salt Lake
- Select a Physician: Davis, Carol MD - Medical Doctor
- Select a Patient: New Patient, patient12, test, patient16, test, patient21, test

A button labeled "Enroll a Patient" is visible.

Below the enrollment form, a message states: "Effective September 15, 2021: NEW EYLEA4U Enrollment Form".

The bottom section of the screenshot shows a "You have (1) Reverification List" message. It includes a "CONGRATULATIONS! An instant benefit verification was completed for John Doe. Please click the link below to view the summary of benefits." link. Below this, it states: "You are required to retain on file your patient's written authorization and certification under Section 2.3 of the Enrollment Form, and if asked by EYLEA4U, be able to provide a copy of the patient-executed Enrollment Form. If you would like to print a copy of the Enrollment Form for your records, please click on the form below: Click here to open the Enrollment Form for John Doe".

At the bottom, there is a button labeled "Enroll Another Patient" and a note: "Requires Adobe Reader. If you do not have Adobe Reader, click on the following button to get Adobe Reader." with a download icon.



EYLEA4U has gone green! The fax option has now been replaced with the new environmentally friendly downloadable PDF for all successful electronic verifications. A fax will still be provided for manual verifications



SUCCESSFUL ENROLLMENT (cont'd)

If Manual Verification Required

The screenshot displays the EYLEA4U CONNECT portal interface. At the top, it says 'WELCOME TO EYLEA4U CONNECT VIA THE PORTAL' and 'EYLEA (afibercept) Injection 4U'. Below this is a navigation bar with links: Home, Program Tools, Customer Support, Message Center, My Account, and Patient Tools. A status bar indicates 'You have (1) Reverification List' and 'You have no new messages'. The main content area is titled 'Patient Enrollment' and 'Enrollment Submission Confirmation'. It states: 'An Instant Benefit Verification could not be completed. Your request has been sent for processing, which can take up to 2 business days. You are required to retain on file your patient's written authorization and certification under Section 2.3 of the Enrollment Form, and if asked by EYLEA4U, be able to provide a copy of the patient-executed Enrollment Form. If you would like to print a copy of the Enrollment Form for your records, please click on the form below: Click here to open the Enrollment Form for Test Patient'. There is a button 'Enroll Another Patient' and a note: '*Requires Adobe Reader. If you do not have Adobe Reader, click on the following button to get Adobe Reader'. On the left, there is a sidebar with 'Effective September 15, 2021: NEW EYLEA4U Enrollment Form' and a button 'Enroll a Patient'. Below that are links for 'Patient Tools', 'PRESCRIBING INFORMATION', 'EYLEA (afibercept) Injection', and 'INCOMPLETE ENROLLMENTS'.

If electronic enrollment is not available for the patient, manual verification will be required, follow the steps on the confirmation page

- Open the completed enrollment form PDF and print
- Have the patient and physician sign the appropriate sections of the enrollment form where a signature is required
 - Physician signature is not required if physician has signed up for eSignature through the EYLEA4U® Provider Portal
 - Patient signature is required
- Either retain a completed and patient-signed form on file at your office for enrollments entered via the Provider Portal or fax the completed and patient-signed form to 1-888-335-3264
 - Once the processing is complete, a Benefit Verification will be sent via fax
 - To upload, see page 28

ENROLLMENT TROUBLESHOOTING

The image displays three overlapping screenshots of the 'Patient Enrollment' form, each showing a different error message. The top screenshot shows an error for 'Patient Name', stating that the name in the request does not match the name on file with the insurer. The middle screenshot shows an error for 'Gender', stating that the gender in the request does not match the gender on file with the insurer. The bottom screenshot shows an error for 'Date of Birth', stating that the date of birth entered does not match the date of birth on file with the insurer. Each screenshot includes a 'Patient Enrollment' header, a 'Please correct errors below and resubmit.' message, and a 'PATIENT INFORMATION' section with fields for Gender, First Name, Last Name, Date of Birth, Address, City, State, Zip, and Home Phone.



Error messages will appear if the information entered on the Enrollment Form does not **match exactly** with the information that the insurer has on file.

- The message lets you know which parts of the Enrollment Form need attention
- **Patient name, date of birth, and gender** should match what the insurer has on file
- Verify this information, make corrections as needed, and resubmit your request

ENROLLMENT TROUBLESHOOTING (cont'd)

Patient Enrollment

Enrollment Corrections Needed

Please correct errors below and resubmit.

The Primary Insurance Policy Number contained in the request does not match a Policy Number on file with the Insurer. Please make corrections to the entered Primary Insurance Policy Number and resubmit your request.

PATIENT INFORMATION

Please verify this information, making sure patient's name matches the name on the insurance card.

Patient Enrollment

Enrollment Corrections Needed

Please correct errors below and resubmit.

The Secondary Insurance Policy Number contained in the request does not match a Policy Number on file with the Insurer. Please make corrections to the entered Secondary Insurance Policy Number and resubmit your request.

PATIENT INFORMATION

P

Patient Enrollment

Enrollment Corrections Needed

Please correct errors below and resubmit.

The Primary Insurance Policy Number contained in the request does not match a Policy Number on file with the Insurer. Please make corrections to the entered Primary Insurance Policy Number and resubmit your request.

The Secondary Insurance Policy Number contained in the request does not match a Policy Number on file with the Insurer. Please make corrections to the entered Secondary Insurance Policy Number and resubmit your request.

P

P

Patient Enrollment

Enrollment Corrections Needed

Please correct errors below and resubmit.

The Patient Name contained in the request does not match the Name on file with the Insurer. Please verify this information, make corrections as needed to the entered Patient Name, and resubmit your request.

The Secondary Insurance Policy Number contained in the request does not match a Policy Number on file with the Insurer. Please make corrections to the entered Secondary Insurance Policy Number and resubmit your request.

PATIENT INFORMATION

Please verify this information, making sure patient's name matches the name on the insurance card.



The message lets you know whether the policy number for Primary or Secondary insurance needs clarification.

- Check whether the message refers to **Primary** or **Secondary** insurance
- Verify the policy number, making sure it matches what the insurer has on file
- Make corrections as needed; then resubmit your request

Contact your EYLEA4U® Support Specialist in the unlikely event that you are still unable to enroll your patient.

INITIATING AN ELECTRONIC ELIGIBILITY (eELIGIBILITY) CHECK

The eEligibility feature enables you to perform quick medical eligibility verifications after an initial full benefit profile has been completed or to verify insurance status in cases where product coverage is already known (ie, Medicare). To initiate an eEligibility check, follow the steps below.



- **Step 1:** Click **eEligibility** under the Patient Tools menu bar or from the left-hand controls
- Select **Patient**
- Click **Begin Check**

The screenshot displays the EYLEA4U Connect portal interface. At the top, the header reads "WELCOME TO EYLEA4U[®] CONNECT VIA THE PORTAL" and "EYLEA[®] (afibercept) Injection 4 U". Below the header is a navigation bar with links: Home, Program Tools, Customer Support, Message Center, My Account, and Patient Tools. The Patient Tools menu is highlighted with a red box, and the eEligibility Check option is also highlighted with a red box. On the left side, there is a yellow box for "Effective September 15, 2021: NEW EYLEA4U[®] Enrollment Form" and a button to "Enroll a Patient". Below this, the "Patient Tools" dropdown menu is shown with "Select an option..." highlighted by a red box. The main content area is titled "eEligibility Check" and includes a description of the purpose of the check. Below this is a "Basic Search" section with a search bar and buttons for "Search" and "Reset". A table of patients is displayed, with the "Begin Check" button highlighted by a red box for the first patient (RE000GLL).

Patient ID	Patient Name	DOB	Service	Product	Date Of Last Request
RE000GLL	P1, Test	04/24/1981	Reimbursement Support	EYLEA	Begin Check
RE000GKF	Patient1, Test	04/10/1981	Reimbursement Support	EYLEA	Begin Check
RE000GKK	patient11, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check
RE000GKL	patient12, test	05/08/1984	PAP	EYLEA	Begin Check



If the selected patient does not have an active payer, a message will display instructing you to submit an Enrollment Form or to contact EYLEA4U

INITIATING AN eELIGIBILITY CHECK (cont'd)

- **Step 2:** Verify the patient's personal, provider, and insurance information. The following information is needed to initiate the check:
 - Patient's first and last name and date of birth
 - Provider with National Provider Identifier (NPI) number
 - Treating site with primary address
 - Active primary, secondary, and/or tertiary payer
 - Member ID (policy number)
- Click **Submit eEligibility Check**

The screenshot displays the EYLEA4U Enrollment Form interface. On the left, a sidebar contains navigation links: Home, Program Tools, Customer Support, Message Center, My Account, and Patient Tools. Below these are links for 'You have no new messages', 'Change Password', and 'Logout'. The main content area is titled 'Review eEligibility Check Selection'. It includes a section for 'Patient Information' with fields for Patient Name (P1, Test), Patient ID (RE000GLL), Date of Birth (4/24/1981), and a 'Submit eEligibility Check' button. Below this is the 'Provider Information' section, which includes fields for Treating Physician (Doug Freeman, MD), Office (St Haven), Address (3674 Open Range Pkwy # 12B, Sinking Spg, OH 45172), Phone ((774) 674-8744), Fax ((774) 674-8745), Email, and NPI (5654656565). The 'Insurance Selection' section prompts the user to select one of the following active payers: Primary - Aetna Inc. Below this is the 'Insurance Information' section, which includes fields for Policy Number, Group Number, Policy Holder Name (Test P1), Policy Holder Date of Birth (4/24/1981), and Policy Holder Relationship (Self). The form also features a 'Patient Tools' section with a dropdown menu for 'Select an option...'. At the bottom of the form, there are links for 'patient12, test EYLEA4U Enrollment Form - EYLEA' and 'patient21, test EYLEA4U Enrollment Form - EYLEA'. The confirmation page below the form shows the 'eEligibility Check Confirmation' message, stating that the check has been submitted and that the user will receive an alert notification when the results have been returned. The results can be found on the eEligibility Results page. The confirmation page also includes links for 'Select Another Patient' and 'Check eEligibility Res'.

Effective September 15, 2021:
NEW EYLEA4U® Enrollment Form

Enroll a Patient

Patient Tools
Select an option...

PRESCRIBING INFORMATION
EYLEA® (atembercept) Injection

INCOMPLETE ENROLLMENTS
patient12, test EYLEA4U Enrollment Form - EYLEA
patient21, test EYLEA4U Enrollment Form - EYLEA

Review eEligibility Check Selection

Please review the information below. If there is incorrect information, please submit an online enrollment form or contact us at 855-EYLEA4U (1-855-395-3248).

Patient Information

Patient Name: P1, Test Patient ID: RE000GLL
Date of Birth: 4/24/1981

Provider Information

Treating Physician
Physician: Doug Freeman, MD Phone: (774) 674-8744
Office: St Haven Fax: (774) 674-8745
Address: 3674 Open Range Pkwy # 12B Email:
Sinking Spg, OH 45172 NPI: 5654656565

Insurance Selection
Please select one of the following active payers
☒ Primary - Aetna Inc

Insurance Information

Policy Number:
Group Number:
Policy Holder Name: Test P1
Policy Holder Date of Birth: 4/24/1981
Policy Holder Relationship: Self

Submit eEligibility Check

eEligibility Check Confirmation

Your eEligibility Check has been submitted. You will receive an alert notification when the results have been returned. The results of your eEligibility check can be found on the eEligibility Results page.

Select Another Patient | Check eEligibility Res

A confirmation page will display if the eEligibility check was submitted successfully

OBTAINING eELIGIBILITY RESULTS



Results are delivered in an easy-to-understand format and will be stored in the patient's profile for review anytime

WELCOME TO EYLEA4U[®] CONNECT VIA THE PORTAL

EYLEA[®] (afilibercept) Injection 4 U

FOR U.S. HEALTHCARE PROFESSIONALS ONLY

Home Program Tools Customer Support Message Center My Account Patient Tools

You have (3) Reverification Lists | You have no new messages | Change Password | Logout

eEligibility Results

Effective September 15, 2021: **NEW EYLEA4U[®] Enrollment Form**

Patient ID	Patient Name	DOB	Service	Product	Date of Request	Request Status	Payor	Payor Type	Reimbursement
RE006H4Q	Allen, Iverson	07/11/1955	Reimbursement Support	EYLEA	12/15/2019 9:21:19 AM	Eligibility information available	AARP	Primary	Mylway, J
RE006H4Q	Allen, Iverson	07/11/1955	Reimbursement Support	EYLEA	12/15/2019 8:53:30 AM	Unable to provide eligibility information	MI Medicare	Primary	Mylway, J
RE006H4Q	Allen, Iverson	07/11/1955	Reimbursement Support	EYLEA	12/15/2019 8:40:06 AM	Unable to provide eligibility information	MI Medicare	Primary	Mylway, J

Enroll a Patient



You will be notified by email when the check has been completed; access the results via the patient's profile page or by returning to the eEligibility screen and clicking **eEligibility Check Response**

EYLEA[®] (afilibercept) Injection 4 U

Insurance Status Report

1-855-EYLEA4U, Option 4 (1-855-395-3248)
Fax 1-888-335-3264
www.EYLEA.com

Patient Name: Iverson Allen Date Verified: 12/18/2019
Case Number: RE006H4Q Treating Physician: J Mylway, MD
Patient DOB: 07/11/1955 EYLEA4U Representative: Linda Davis

The results of this report represent the insurance status of the named patient as of the date noted above, and do not guarantee coverage of EYLEA[®] (afilibercept) Injection. Benefit information varies by payer. To conduct a full benefit investigation or if you have any questions, please call EYLEA4U[®] at 1-855-EYLEA-4U (1-855-395-3248) to speak with an EYLEA4U Reimbursement Specialist.

Payer Information			
Payer Name:	AARP	Policy #:	11001000
Payer Level:	Primary	Group #:	4754854
Payer Type:	Medicare	Dates:	Plan Start: 01/01/1990 - 01/01/1999
Comments:	Payer Relationship:		

Health Plan Benefit Coverage			
Insurance Type	Status	Description	Dates
Medicaid	Active Coverage	Re Health Care Independence (AR works)	Eligibility Start: 01/01/1990 - 01/01/1999
Medicaid	Active Coverage	Older Women's Independence Benefit Plan	Eligibility Start: 01/01/1990 - 01/01/1999

Patient Responsibility			
Type	Period	In Network Benefit	Amount
Co-Payment	Visit		\$0.00
Co-Insurance			0%
Individual Deductible	Contract		\$0.00

Physician Office Visit - Patient Responsibility			
Type	Period	In Network Benefit	Amount
Co-Payment	Visit		\$0.00
Co-Insurance			0%
Individual Deductible	Contract		\$0.00

Missing Information

This request cannot be submitted because at least one of the following pieces of information is missing:

- Patient Date of Birth
- Physician NPI
- Policy Number

Please submit an online enrollment form or contact us at 1-855-EYLEA4U (1-855-395-3248).

No Active Payer

This patient does not have an active payer on file. Please submit an enrollment form or contact us at 1-855-EYLEA4U (1-855-395-3248).

Payer Not Supported

This payer is currently not set up to support electronic eligibility checks. Please submit an online enrollment form or contact us at 1-855-EYLEA4U (1-855-395-3248).



If the check cannot be completed, one of three messages will display; depending on the message, you may be able to provide the requested information to re-initiate the check, in which case an EYLEA4U[®] Support Specialist will contact you for follow-up

VIEWING PATIENT INFORMATION



Select a patient to view from the Patient Name list or from the View Patient Profile drop-down list

Patient Tools
Select an option...

PRESCRIBING INFORMATION
[EYLEA® \(aflibercept\) Injection](#)

INCOMPLETE ENROLLMENTS
patient12, test
[EYLEA4U Enrollment Form - EYLEA](#)
patient21, test
[EYLEA4U Enrollment Form - EYLEA](#)
PerfADLName111560,
PerfADFName111560 T
[EYLEA4U Enrollment Form - EYLEA](#)
PerfADLName113956,


VIEW PATIENT PROFILE
Enter patient's last name to search

CONTACT US

Phone Numbers
Voice: 1-855-EYLEA4U, Option 4
(1-855-395-3248)
Fax: 1-888-335-3264

Hours: Monday-Friday
9 AM - 8 PM Eastern Time

Contact Address
EYLEA4U Reimbursement Support
Program
PO Box 220578
Charlotte, NC 28222-0578

**INTERESTED IN YOUR
EYLEA4U ACTIVITY?**

**ASK YOUR RBM
ABOUT A SITE
BUSINESS REVIEW**

Helping to meet the
reimbursement
and copay assistance

Patient ID	Patient Name	DOB	Service	Product		Date Of Last Request
RE000GLL	P1, Test	04/24/1981	Reimbursement Support	EYLEA	Begin Check	
RE000GKF	Patient1, Test	04/10/1981	Reimbursement Support	EYLEA	Begin Check	
RE000GKK	patient11, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check	
RE000GKL	patient12, test	05/08/1984	PAP	EYLEA	Begin Check	
RE000GKN	patient13, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check	
RE000GKO	patient14, test	05/08/1984	PAP	EYLEA	Begin Check	
RE000GKP	patient15, test	05/08/1984	Reimbursement Support	EYLEA	Begin Check	
RE000GKQ	patient16, test	05/08/1984	PAP	EYLEA	Begin Check	
RE000GKR	patient17, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check	
RE000GKS	patient18, test	05/08/1984	PAP	EYLEA	Begin Check	
RE000GKV	patient19, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check	
RE000GKI	Patient2, Test	03/14/1982	Reimbursement Support	EYLEA	Begin Check	
RE000GL0	patient20, test	05/15/1984	PAP	EYLEA	Begin Check	
RE000GL2	patient21, test	05/08/1984	PAP	EYLEA	Begin Check	
RE000GLE	patient22, test	05/08/1984	Reimbursement Support	EYLEA	Begin Check	
RE000GLH	patient23, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check	
RE000SOF	PerfADLName111560, PerfADFName111560	01/15/1922	Reimbursement Support	EYLEA	Begin Check	
RE000UB1	PerfADLName112219, PerfADFName112219	07/04/1952	Reimbursement Support	EYLEA	Begin Check	
RE000M20	PerfADLName112890, PerfADFName112890	10/09/1938	Reimbursement Support	EYLEA	Begin Check	
RE000H30	PerfADLName112891, PerfADFName112891	11/03/1970	Reimbursement Support	EYLEA	Begin Check	
RE000JOV	PerfADLName113454, PerfADFName113454	11/03/1970	Reimbursement Support	EYLEA	Begin Check	
RE000GPD	PerfADLName113559, PerfADFName113559	01/15/1921	Reimbursement Support	EYLEA	Begin Check	
RE000GPE	PerfADLName113056, PerfADFName113056	01/15/1921	Reimbursement Support	EYLEA	Begin Check	

VIEWING PATIENT INFORMATION (cont'd)



- Click tabs to view different sections of data related to the patient (Details, Insurance, Prescriptions, Shipments, Case History, and Documents)
- To view detailed information, click links within the tab pages
- If needed, click **Print Profile** to print the desired tabs for the patient

Patient Profile for: John Smith (Date of Birth: 4/24/1981 Patient ID: RE000GLL)

Reimbursement Support [Print Profile](#)

Details Insurance Prescriptions Shipments Case History Documents

This information does not guarantee payment of claims. Please contact the payer directly to inquire about payment of a claim.

Patient Information

Age:	38 Years Old	Address:	test
Gender:	Male		Schenectady, NY 12345
Email:	Test@yahoo.com	Phone:	(456) 457-5675

EYLEA [hide](#)

Patient Status

Program Status:	Valid
Product Status:	BV assessment is complete
Form Complete Date:	

Diagnosis

Primary Diagnosis (ICD-9):	362.35 - Central retinal vein occlusion (last updated on 5/8/2019)
Other Diagnosis (ICD-9):	

Treating Physician

Physician:	Doug Freeman, MD	Phone:	(774) 674-8744
Office:	St Haven	Fax:	(774) 674-8745
Address:	3674 Open Range Pkwy # 12B Sinking Spring, OH 45172	Email:	

Patient Profile for: John Smith (Date of Birth: 4/24/1981 Patient ID: RE000GLL)

Reimbursement Support [Print Profile](#)

Details Insurance Prescriptions **Shipments** Case History Documents

This information does not guarantee payment of claims. Please contact the payer directly to inquire about payment of a claim.

To sort by a specific column, simply click on that column's header

No Fulfillment Information available



For Patient Assistance, use the Shipments tab to see when the product has shipped or to track product shipments

VIEWING PATIENT INFORMATION (cont'd)

Reimbursement Support [Print Profile](#)

Details Insurance Prescriptions Shipments **Case History** Documents

This information does not guarantee payment of claims. Please contact the payer directly to inquire about payment of a claim.

Case History Summary

You can view the details of any record by clicking on the hyperlink.
To sort by a specific column, simply click on that column's header.

Opened	Support	Outcome	Outcome Explanation 1	Outcome Explanation 2	Date Closed	Payer
9/21/2016	Benefit Verification	Verification Completed	Covered	Completed by Phone - Full BV	9/21/2016	United Healthcare

Case History Details

Support: Benefit Verification
Outcome: Verification Completed

Date Opened: 9/21/2016 3:54:14 PM
Date Closed: 9/21/2016 4:35:31 PM

Date Of Action	Type of Action Performed
9/21/2016	Completed: Called Payer re: Coverage
9/21/2016	Completed: Faxed/Mailed Information to Provider



- Click **Case History** to see details of support completed for each case (eg, Copay Assistance)
- To view detailed information (eg, Copay Assistance), click the links within the grid
 - **Support**
 - Referred to Copay Assistance
 - **Type of Action Performed**
 - Attempted Patient Outreach
 - Patient Screening
 - Transferred Patient to Copay Program
 - Explained Copay Criteria Assistance
 - Faxed/Mailed Application to Patient Contact

VIEWING PATIENT INFORMATION (cont'd)

The screenshot displays the EYLEA4U Connect portal interface. At the top, it says "WELCOME TO EYLEA4U CONNECT VIA THE PORTAL" and "EYLEA (afibercept) Injection 4U". Below this is a navigation bar with links: Home, Program Tools, Customer Support, Message Center, My Account, Patient Tools. A status bar indicates "You have no new messages | Change Password | Logout".

The main content area shows the "Patient Profile for: John Smith" (Date of Birth: 4/24/1981 Patient ID: RE000GLL). It includes tabs for Details, Insurance, Prescriptions, Shipments, Case History, and Documents. A disclaimer states: "This information does not guarantee payment of claims. Please contact the payer directly to inquire about payment of a claim."

Below the disclaimer, it says: "You can view the documents by clicking on the name of the document. To sort by a specific column, simply click on that column's name."

The "My Documents" section lists several categories, each with "No documents on record":

- Enrollments Submitted
- Outbound Correspondence
- eEligibility Check Documents

The "Add a Document" button is highlighted with a red circle. To the right, the "Document Upload" section shows "Documents to upload for Test P1" and "Select a document from your local drive." with a "Browse..." button and "No file selected." status. An "ATTACH" button is also present. Below this, there are "CONTINUE" and "CANCEL" buttons.

At the bottom of the upload section, it lists "Acceptable File Types: .docx, .doc, .pdf, .bmp, .xlsx, .xls, .txt, .jpg, .tiff, .tif, .gif, .png" and "Acceptable File Size: Up to 8 MB".



Click **Add a Document** to upload a document related to the patient

VIEWING PATIENT COPAY CARD INFORMATION



Click **Copay Claims** to view a summary of the patient's copay card information

DetailsInsurancePrescriptionsShipmentsCase History**Copay Claims**Documents

This information does not guarantee payment of claims. Please contact the payer directly to inquire about payment of a claim.

EYLEA Commercial Copay Card Program - EYLEA

Account Summary

Eligibility Period	Allocated Amount	Available Balance	Claims Must Be Received By
02/05/2019 - 02/04/2020	\$15,000.00	\$15,000.00	06/03/2020

Account Details

Eligibility Period: 02/05/2019 - 02/04/2020
Claims Must Be Received By: 06/03/2020
Allocated Amount: \$15,000.00
Payments Issued: \$0.00
Available Balance: \$15,000.00
Spend Down Amount: \$0.00

Claims

Date Of Service	Claim Status	Source	Requested Amount	Approved Amount
01/02/2019	Processed	Travel	\$5.00	
<div>Expense Status: ApprovedCheck Status: Payment in Process Expense Description: N/ACheck Number: Expense Type: InfusionCheck Date: Ineligible Amount: \$5.00Check Amount: Ineligible Reason: D O S Not Eligible for ReimbursementPayee Type: Spend Down Amount:Pay to the order of: Payee Address:</div>				
01/01/2019	Processed	Labs	\$23.00	\$0.00



- Click **Account Summary** to view Eligibility Periods and Available Balance information
- Click **Eligibility Period** to view claims for that cycle
- Click **Claims** to view expense details

VIEWING PATIENT COPAY CARD INFORMATION (cont'd)

Patient Tools
Select an option...

PRESCRIBING INFORMATION
[EYLEA® \(afibercept\) Injection](#)

INCOMPLETE ENROLLMENTS
[patient12, test EYLEA4U Enrollment Form - EYLEA](#)
[patient21, test EYLEA4U Enrollment Form - EYLEA](#)
[PerfADLName111560, EYLEA4U Enrollment Form - EYLEA](#)
[PerfADLName113956, EYLEA4U Enrollment Form - EYLEA](#)

VIEW PATIENT PROFILE
Enter patient's last name to search

CONTACT US
Phone Numbers
Voice: 1-855-EYLEA4U, Option 4
(1-855-395-3248)
Fax: 1-888-335-3264
Hours: Monday-Friday
9 AM - 5 PM Eastern
Contact Address
EYLEA4U Reimbursement Program
PO Box 220578
Charlotte, NC 28222-0578

INTERESTED EYLEA4U AC

ASK YOUR ABOUT A BUSINESS R

Patient ID	Patient Name	DOB	Service	Product	Date Of Last Request
RE000GLL	P1, Test	04/24/1981	Reimbursement Support	EYLEA	Begin Check
RE000GKF	Patient1, Test	04/10/1981	Reimbursement Support	EYLEA	Begin Check
RE000GKK	patient11, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check
RE000GKL	patient12, test	05/08/1984	PAP	EYLEA	Begin Check
RE000GKN	patient13, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check
RE000GKO	patient14, test	05/08/1984	PAP	EYLEA	Begin Check
RE000GKP	patient15, test	05/08/1984	Reimbursement Support	EYLEA	Begin Check
RE000GKQ	patient16, test	05/08/1984	PAP	EYLEA	Begin Check
RE000GKR	patient17, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check
RE000GKS	patient18, test	05/08/1984	PAP	EYLEA	Begin Check
RE000GKV	patient19, test	05/08/1984	EYLEA Commercial Copay Card Program	EYLEA	Begin Check

WELCOME TO EYLEA4U CONNECT
VIA THE PORTAL
FOR U.S. HEALTHCARE PROFESSIONALS ONLY

EYLEA®
(afibercept) Injection
4 U

[Home](#) [Program Tools](#) [Customer Support](#) [Message Center](#) [My Account](#) [Patient Tools](#)

[You have no new messages](#) | [Change Password](#) | [Logout](#)

Patient Profile for: John Smith (Date of Birth: 4/24/1981 Patient ID: RE000GLL)

[Reimbursement Support](#) [Print Profile](#)

[Details](#) [Insurance](#) [Prescriptions](#) [Shipments](#) [Case History](#) [Documents](#)

This information does not guarantee payment of claims. Please contact the payer directly to inquire about payment of a claim.

Patient Information
Age: 38 Years Old Address: test
Gender: Male Email: Test@yahoo.com Phone: Schenectady, NY 12345
(456) 457-5675

EYLEA hide

Patient Status
Program Status: Valid
Product Status: BV assessment is complete
Form Complete Date:

Diagnosis
Primary Diagnosis (ICD-9): 362.35 - Central retinal vein occlusion (last updated on 5/8/2019)
Other Diagnosis (ICD-9):

Treating Physician
Physician: Doug Freeman,MD Phone: (774) 674-8744
Office: St Haven Fax: (774) 674-8745
Address: 3674 Open Range Pkwy # 12B
Sinking Spg, OH 45172 Email:

Referring Physician
Physician: Doug Freeman,MD Phone: (774) 674-8744

Effective September 15, 2021:
NEW EYLEA4U® Enrollment Form
[Enroll a Patient](#)

Patient Tools
Select an option...

PRESCRIBING INFORMATION
[EYLEA® \(afibercept\) Injection](#)

INCOMPLETE ENROLLMENTS
[patient12, test EYLEA4U Enrollment Form - EYLEA](#)
[patient21, test EYLEA4U Enrollment Form - EYLEA](#)
[PerfADLName111560, EYLEA4U Enrollment Form - EYLEA](#)



Copay information is visible in existing portal features, including the Patient List, the Patient Profile, and the Case Status Summary Report



ARCHIVING PATIENT PROFILES



Click **Manage Archived Patients** from the Patient List

The screenshot displays the EYLEA4U Enrollment Form interface. On the left, a sidebar contains the 'NEW EYLEA4U Enrollment Form' header, an 'Enroll a Patient' button, and sections for 'Patient Tools', 'PRESCRIBING INFORMATION', and 'INCOMPLETE ENROLLMENTS'. The main content area is divided into two sections: 'Patient List' and 'Archive Management'.

Patient List Section:

- Basic Search:** Includes 'Patients to display' (radio buttons for 'Show All Patients' and 'Show Only Patients with Alerts'), 'Search By Patient Last Name (optional):', and 'SEARCH'/'RESET' buttons.
- Table:** Displays patient information with columns: Patient ID, Patient Name, DOB, Support, and Product. Two rows are visible:

Patient ID	Patient Name	DOB	Support	Product
RE000GLL	P1, Test	04/24/1981	Reimbursement Support	EYLEA
RE000GKF	Patient11, Test	04/10/1981	Reimbursement Support	EYLEA
- Manage Archived Patients:** A link highlighted with a red box and a blue arrow pointing to the 'Archive Management' section.

Archive Management Section:

- Help Text:**
 - To Archive a patient, check box
 - To View a patient, uncheck box
 - Functionality is at Site Level
- Basic Search:** Similar to the Patient List section, but with 'Show Only Archived Patients' selected.
- Expand All Collapse All:** Buttons for managing the list view.
- Table:** Displays archived patient information with columns: Patient ID, Patient Name, DOB, Support, and Product. Two rows are visible:

Patient ID	Patient Name	DOB	Support	Product
P1, Test - RE000GLL				
Patient11, Test - RE000GKF				



- To archive a patient profile, click **Show All Patients**
- Check the box** next to the name of the patient profile you wish to archive, then click **Submit***
- To un-archive a patient profile, simply **un-check the checkbox** and click **Submit**

*This includes patients with existing alerts.

PATIENT CASE STATUS SUMMARY REPORT



- To view the patient's status, click **Case Status Summary Report** under the Program Tools menu bar option; the Case Status Summary Report will display in a separate window
- You can filter the Case Status Summary Report by the treating physician, the treating office, and/or whether the patient is active or inactive; click **View Report** on the right-hand side to view your filtered results
- To download or export the Case Status Summary Report, select the appropriate format from the drop-down menu, click **Export**, and either save or open the Summary Report file

Case Status Summary Report												
Office Information												
Mid Atlantic Region - Southwestern												
1325 Northgate Dr #103												
Bethlehem, PA 18017												
(610) 691-7915												
Fischer, David H MD												
Patient Name	Date of Birth	Patient ID	Product	Patient Authorization Signature Date	Support Type Requested	Status Date	Status	Copay Program	Copay Program Outcome	EYLEA Commercial Copay Card Eligible (Y/N)	EYLEA Commercial Copay Card Number	EYLEA Commercial Copay Card Eligibility Begin Date
Name Hidden	DOB	RE00A756	EYLEA	03/24/2015	Benefit Investigation	03/25/2015	Pending					
Name Hidden	DOB	RE00A3DF	EYLEA	03/17/2015	Benefit Investigation	03/19/2015	Covered with No Restrictions					
Fleisher, Mitchell MD												
Patient Name	Date of Birth	Patient ID	Product	Patient Authorization Signature Date	Support Type Requested	Status Date	Status	Copay Program	Copay Program Outcome	EYLEA Commercial Copay Card Eligible (Y/N)	EYLEA Commercial Copay Card Number	EYLEA Commercial Copay Card Eligibility Begin Date
Name Hidden	DOB	RE00A24M	EYLEA	03/17/2015	Benefit Investigation	03/26/2015	Pending					
Name Hidden	DOB	RE00A3J2	EYLEA	03/16/2015	Benefit Investigation	03/18/2015	Covered with No Restrictions					
Name Hidden	DOB	RE00A3DK	EYLEA	03/16/2015	Benefit Investigation	03/17/2015	Not Covered					
Garg, Saurav MD												
Patient Name	Date of Birth	Patient ID	Product	Patient Authorization Signature Date	Support Type Requested	Status Date	Status	Copay Program	Copay Program Outcome	EYLEA Commercial Copay Card Eligible (Y/N)	EYLEA Commercial Copay Card Number	EYLEA Commercial Copay Card Eligibility Begin Date

UNDERSTANDING PROGRAM ALERTS

Patients with Alerts will display on the secure home page, and you will be sent an email notifying you that you have Alerts you may need to address; alerts are provided to help you understand what is needed to move a patient through the process successfully.

Email Alerts are managed through the My Account section of the portal, and secure home page Alerts require completing the action required by following the instructions in the Alert.

Alert Types

Missing Info	Triggers when items are still needed to complete the requested task
BV Complete	Triggers when insurance verification for a patient was completed within the last 7 days of the current day; this record is placed in a "Benefit Verification Complete" status within the last 7 days
PAP Renewal Due	Triggers when a patient has a PAP application with no restrictions and the eligibility end date is 60 or fewer days from the current date
Copay Approved	Triggers when a patient has been approved for commercial copay assistance and displays for 30 days
Copay Denied	Triggers when a patient has been denied commercial copay assistance and displays for 30 days
Patient Authorization Due	Triggers 60 days before a patient's signature expiration date and displays for 60 days or until the updated signature is received



- You have the option to turn the email feature off—meaning you will not receive emails when Alerts are generated; instead, the Alert will appear only on the home page
- **To turn Alerts off or back on**, click **User Profile** under the My Account menu bar

MESSAGE CENTER

The message center allows you to view and receive messages that EYLEA4U® sends via the Provider Portal. The message center also allows you to compose new messages.

To view a message

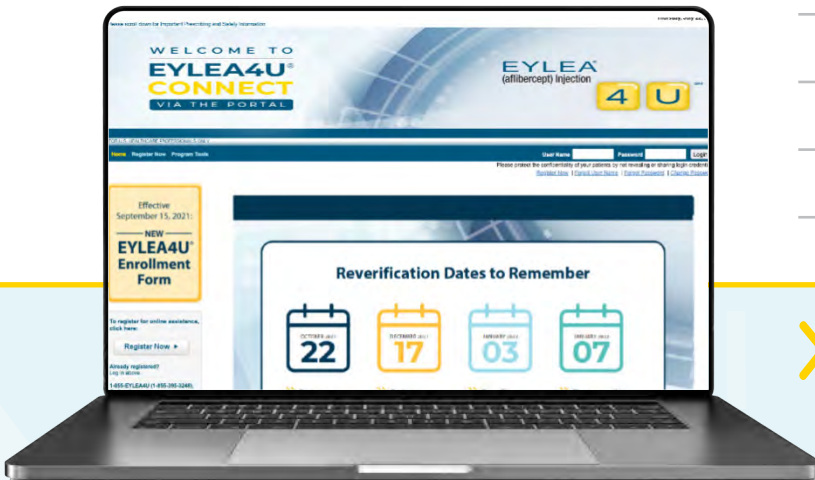
- Click **Message Center** from the menu bar option or the **You have XX new messages** link in the right-hand corner of the home page; the Message Center inbox will display

The screenshot shows the EYLEA4U Connect portal interface. At the top, there's a banner with the text 'WELCOME TO EYLEA4U® CONNECT VIA THE PORTAL' and 'EYLEA® (afibercept) Injection 4 U'. Below the banner is a navigation bar with links: Home, Program Tools, Customer Support, Message Center, My Account, and Patient Tools. A status bar indicates 'You have no new messages | Change Password | Logout'. The main content area is titled 'Message Center' and includes a note 'Messages in BOLD are unread'. There are buttons for 'Compose New Message' and 'View Deleted Items'. Below these are filters for 'View by Support Type' (set to All), 'View by Product' (set to EYLEA), and 'View by Patient'. A message status bar shows 'You have No Messages' with a 'Delete' button. On the left, there's a yellow box with the text 'Effective September 15, 2021: NEW EYLEA4U® Enrollment Form' and an 'Enroll a Patient' button.

To compose a new message

- Click **Message Center** from the menu bar option; the Compose New Message page will display
- Select patient, support type, and product from the drop-down lists
- Enter a subject line
- Compose message and click **Send**

NOTES:



 www.EYLEA4Uportal.com

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REGENERON

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777 Old Saw Mill River Road, Tarrytown, NY 10591

EYLEA®
(aflibercept) Injection



08/2021
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