

# EYLEA4U® Reverification Portal

To help assist your office in the re-verification process, we have established a new on-line portal to request re-verification of your patients' benefits electronically

The portal provides a comprehensive list of all your patients who had a Benefit Investigation completed through EYLEA4U from January 1, 2013 – October 31, 2013.

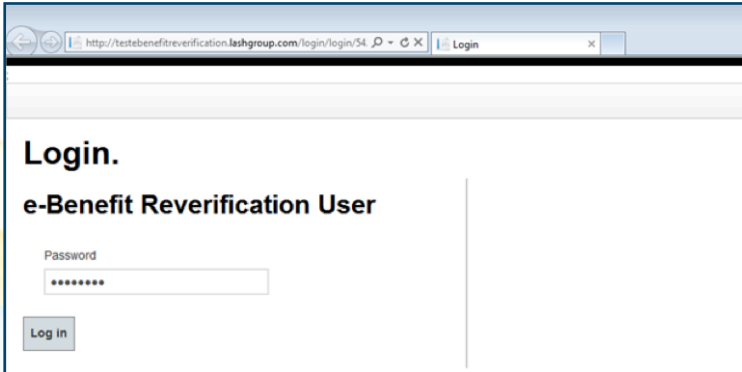
**To enroll in the EYLEA4U re-verification portal, please provide the following to your Regeneron representative:  
Office Contact name, phone # and email**

**PLEASE NOTE:** Reverification portal access is site specific, if you manage or have multiple sites, you will receive an email invitation for each site you have opted in to the portal

## Using the Reverification Portal:

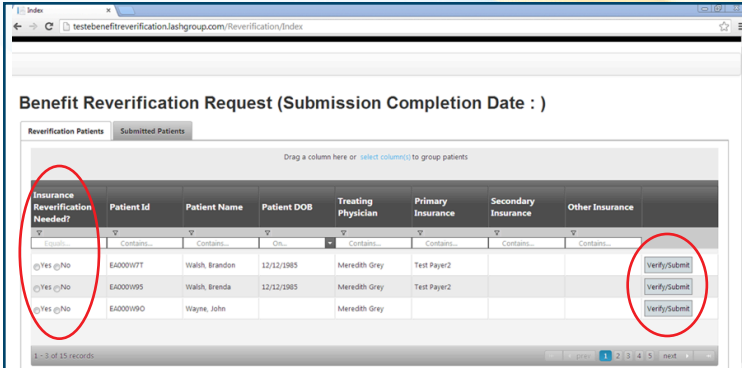
### 1) LOGIN

- Once enrolled you will receive 2 emails from noreply@EYLEA4U.com by November 8, 2013
  - The first is your invitation email which includes a URL link to your site specific re-verification portal.
  - The second will contain your re-verification portal password
- Click on the hyperlink provided in your invitation email, it will bring you to the login screen
  - No user name is needed
  - Utilize the password found in the second email to complete login



### 2) REVIEWING YOUR PATIENT LIST

- After successfully logging in, you will be able to review the patient list specific to your individual site
- Determine the patients for insurance re-verification for January 2014, select "YES" and then click Verify/SubmIt
- Click "NO" for patients that do not need an insurance re-verification in January 2014, and then click Verify/SubmIt



Insurance Reverification Needed?	Patient Id	Patient Name	Patient DOB	Treating Physician	Primary Insurance	Secondary Insurance	Other Insurance	Verify/SubmIt
<input type="radio"/> Yes <input type="radio"/> No	E4000W77	Walsh, Brandon	12/12/1985	Meredith Grey	Test Payer2			Verify/SubmIt
<input type="radio"/> Yes <input type="radio"/> No	E4000W95	Walsh, Brenda	12/12/1985	Meredith Grey	Test Payer2			Verify/SubmIt
<input type="radio"/> Yes <input type="radio"/> No	E4000W90	Wayne, John		Meredith Grey				Verify/SubmIt

**EYLEA**<sup>®</sup>  
(afibercept) Injection



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## 3) COMPLETING A PATIENT REVERIFICATION REQUEST

- Edit Patient Information screen will appear for patients that you have selected “Yes” after you have clicked Verify/Submit
- Complete the patient information. The following fields are **REQUIRED**:
  - Insurance Reverification Needed
  - Anticipated Injection Date
  - Co-Pay Assistance for EYLEA® (afibercept) Injection Requested

Insurance Reverification Needed?  Yes  No **This field is required.**

Co-pay Assistance Requested?  Yes  No

Anticipated Injection Date: mm/dd/yyyy

Primary Insurance:  Secondary Insurance:

Payer Name: Test Payer2 Payer Name: Payer Name

Policy #: Test123 Policy #: Policy #

Group #: TestG123 Group #: Group #

Phone #: (213) 135-4768 Phone #: Phone #

Submit Cancel

## 4) VIEWING YOUR SUBMITTED PATIENTS

- Once all patient information has been validated and you have clicked Submit, the patient will move from the Reverification tab to the Submitted tab

Benefit Reverification Request (Submission Completion Date : )

Reverification Patients Submitted Patients

Drag a column here or select columns to Group By

Insurance Reverification Needed?	Patient Id	Patient Name	Patient DOB	Treating Physician	Primary Insurance	Secondary Insurance	Other Insurance
No	EA000RJB	Lavin, Linda		Meredith Grey			
Yes	EA000LHQ	Smith, Mary K	12/12/1985	Meredith Grey	Aetna		
No	EA000V98	Spelling, Toni		Meredith Grey			
Yes	EA000V96	Williams, Kevin		Meredith Grey	mona	Aetna	
Yes	EA000V00	Blume, Judy		Meredith Grey	Medicare		
Yes	EA000V0N	Schraeder, Richard		Liam White	NewOverland	Care Payer	Aetna

We request that you complete your patient reverification requests by **December 13, 2013**

**Have a question about the 2014 Reverification Program?**

Contact EYLEA4U® at 1-855-EYLEA4U (1-855-395-3248), Option 4  
Monday-Friday • 9AM-8PM Eastern Time

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**REGENERON**

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