

Sandoz One Source Co-Pay Program for Cimerli
Phone: 1-844-4SANDOZ (1-844-472-6369)
Fax: 1-833-966-3046
Hours: Monday through Friday, 8 AM – 8 PM ET



To: Sandoz One Source® for Cimerli Co-Pay Program	Fax To: 1-833-966-3046
Pages (including cover):	Requested Payment Type: Virtual Debit Card
Date:	Office Fax Number (required):
From:	Primary Phone:
Patient Name:	Patient Date of Birth:

This coversheet is only required when requesting reimbursement with a Virtual Debit Card.

Please include your patient’s Explanation of Benefits (EOB) and FAX to Sandoz One Source Co-Pay Program for Cimerli. Please ensure the claim documentation clearly states the CPT/Q-Code, NDC, and/or Drug Name as well as the patient’s remaining out-of-pocket expense from CIMERLI® (ranibizumab-eqrn) injection.

Once claim is approved, a Virtual Debit Card will be issued by fax.

To continue to be eligible, your patient must be using private or commercial insurance to cover a portion of their medication costs for CIMERLI®. This program is not available to individuals who use any state or federally funded healthcare program to cover a portion of medication costs, such as Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Administration. The provider needs to confirm with the patient they will not seek reimbursement from any other programs.

If you have any questions about the Sandoz One Source Co-Pay Program for CIMERLI, please call 1-844-4SANDOZ (1-844-472-6369).

Thank you for contacting Sandoz One Source Co-Pay Program for Cimerli. We are here to help you and your patients. Please contact us via phone at 1-844-SANDOZ (1-844-472-6369) or via fax at 1-833-966-3046.

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