AAA PatientCONNECT™

4199 Kinross Lakes Parkway, Suite 220, Richfield, OH 44286
Phone: 1-844-638-7222 | Fax: 1-844-638-7329

Enrollment Form for Insurance Benefit Information for NETSPOT® (kit for the preparation of gallium Ga 68 dotatate)

NOTE: The enrollment cannot be processed without both prescriber and patient signatures.

Expected Date of NETSPOT Scan: ___________________________

**Indicates Required Field*

PATIENT INFORMATION

*Patient Name:		*Date of Birth:
*Address:		*Sex: M F
*City:	*State:	*Zip Code:
*Phone No.: Home:	Cell:	
*OK to leave a message: ☐ Yes ☐ No ☐ Cell ☐ Home		
Alternate Contact Name:	Relationship:	
Patient Email:		

PATIENT AUTHORIZATION *(Required — CANNOT PROCESS FORM WITHOUT THIS COMPLETED)*

I CONFIRM THAT THE INFORMATION PROVIDED HEREIN IS TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE

I HAVE READ AND AGREE TO THE PATIENT AUTHORIZATION ON PAGE 4

STOP ***PATIENT/LEGAL GUARDIAN SIGNATURE:**

*Print Patient/Legal Guardian Name:	*Relationship to Patient:
*Date:	

INSURANCE INFORMATION *(Required for Benefit Verification and Co-pay Assistance)*

Patient has no insurance

Carrier 1		
*Carrier:	*Health Plan:	
*Carrier Phone No.:	*Policy ID No.:	
*Group No.:	*Policy Holder Name:	
*Policy Holder Sex: ☐ M ☐ F	*Policy Holder DOB:	*Policy Holder Relationship:
Carrier 2		
Carrier:	Health Plan:	
Carrier Phone No.:	Policy ID No.:	
Group No.:	Policy Holder Name:	
Policy Holder Sex: ☐ M ☐ F	Policy Holder DOB:	Policy Holder Relationship:

Please see the full Prescribing Information for NETSPOT

© 2022 Advanced Accelerator Applications USA, Inc. All Rights Reserved. | 170264 1/22

PATIENT INFORMATION

Name:	Date of Birth:

PRESCRIBER INFORMATION

*Ordering Physician Name:		*Specialty:
*Physician Practice Name:		*Practice National Provider Identifier (NPI) No.:
*Office Contact Name:	*Office Contact's Phone No.:	Ext:
*Physician Address:		
*City:	*State:	*Zip Code:
*Physician Phone No.:	*Physician Fax No.:	
Physician Email:		
*Physician NPI No.:	*State License No.:	*Tax ID No.:

REFERRING PHYSICIAN INFORMATION

*Ordering Physician Name:		*Specialty:
*Physician Practice Name:		*Practice National Provider Identifier (NPI) No.:
*Office Contact Name:	*Office Contact's Phone No.:	Ext:
*Physician Address:		
*City:	*State:	*Zip Code:
*Physician Phone No.:	*Physician Fax No.:	
Physician Email:		
*Physician NPI No.:	*State License No.:	*Tax ID No.:

SITE-OF-TREATMENT INFORMATION

*Administering Facility:	☐ Hospital Outpatient	☐ Freestanding / Physician Office
*Facility Address:		
*City:	*State:	*Zip Code:
*Facility Phone No.:	*Facility Fax No.:	
*Facility NPI No.:	*Tax ID No.:	
*Facility Contact Person:	*Facility Contact Phone No.:	Ext:

CLINICAL INFORMATION

*Include at least 1 International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) code below.

Diagnosis (ICD-10-CM code): ______________________ Description: ______________________

Diagnosis (ICD-10-CM code): ______________________ Description: ______________________

**Include at least 1 Current Procedural Terminology (CPT) code below.

CPT code: ______________________ Description: ______________________

PHYSICIAN CERTIFICATION

I certify that the above therapy is medically necessary, and that the information provided is accurate to the best of my knowledge. I certify that I am the prescriber who has prescribed NETSPOT® (kit for the preparation of gallium Ga 68 dotatate) injection to the previously identified patient and that I provided the patient a description of the AAA PatientCONNECT™ Program. I authorize the AAA PatientCONNECT Program to act on my behalf for the purposes of determining patient's eligibility for participation in the AAA PatientCONNECT Program. I agree to receive communications, including faxes, related to my patient's enrollment or participation in the AAA PatientCONNECT Program.

I HAVE OBTAINED FROM MY PATIENT ALL REQUIRED AUTHORIZATIONS TO DISCLOSE TO AAA PatientCONNECT AND ITS REPRESENTATIVES THE PATIENT'S PROTECTED HEALTH INFORMATION (PHI), INCLUDING THE INFORMATION PROVIDED ON THIS FORM. I ALSO AGREE THAT AAA MAY CONTACT THE PATIENT DIRECTLY IN CONNECTION WITH THE AAA PatientCONNECT PROGRAM.

STOP *PHYSICIAN SIGNATURE:

*Physician Printed Name:	*Date:

Please see the **full Prescribing Information** for NETSPOT

© 2022 Advanced Accelerator Applications USA, Inc. All Rights Reserved. | 170264 1/22

CLINICAL INFORMATION

ICD-10* Codes Most Frequently Associated With Somatostatin-Bearing Neuroendocrine Tumor Imaging *(select 1 or more)*

Code	Description
❑ C7A.00	Malignant carcinoid tumor of unspecified site
❑ C7A.010	Malignant carcinoid tumor of the duodenum
❑ C7A.011	Malignant carcinoid tumor of the jejunum
❑ C7A.012	Malignant carcinoid tumor of the ileum
❑ C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
❑ C7A.020	Malignant carcinoid tumor of the appendix
❑ C7A.021	Malignant carcinoid tumor of the cecum
❑ C7A.022	Malignant carcinoid tumor of the ascending colon
❑ C7A.023	Malignant carcinoid tumor of the transverse colon
❑ C7A.024	Malignant carcinoid tumor of the descending colon
❑ C7A.025	Malignant carcinoid tumor of the sigmoid colon
❑ C7A.026	Malignant carcinoid tumor of the rectum
❑ C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
❑ C7A.090	Malignant carcinoid tumor of the bronchus and lung
❑ C7A.091	Malignant carcinoid tumor of the thymus
❑ C7A.092	Malignant carcinoid tumor of the stomach
❑ C7A.093	Malignant carcinoid tumor of the kidney
❑ C7A.094	Malignant carcinoid tumor of the foregut, unspecified
❑ C7A.095	Malignant carcinoid tumor of the midgut, unspecified
❑ C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
❑ C7A.098	Malignant carcinoid tumors of other sites
❑ C7A.1	Malignant poorly differentiated neuroendocrine tumors
❑ C7B.00	Secondary carcinoid tumors, unspecified site
❑ C7B.01	Secondary carcinoid tumors of distant lymph nodes
❑ C7B.02	Secondary carcinoid tumors of liver
❑ C7B.03	Secondary carcinoid tumors of bone
❑ C7B.04	Secondary carcinoid tumors of peritoneum
❑ C25.0	Malignant neoplasm of head of pancreas
❑ C25.1	Malignant neoplasm of body of pancreas
❑ C25.2	Malignant neoplasm of tail of pancreas
❑ C25.4	Malignant neoplasm of endocrine pancreas
❑ C25.7	Malignant neoplasm of other parts of pancreas
❑ C25.8	Malignant neoplasm of overlapping sites of pancreas
❑ C25.9	Malignant neoplasm of pancreas, unspecified
❑ D12.0	Benign neoplasm of cecum
❑ D12.1	Benign neoplasm of appendix
❑ D12.6	Benign neoplasm of colon, unspecified
❑ D12.7	Benign neoplasm of rectosigmoid junction
❑ D12.8	Benign neoplasm of rectum
❑ D12.9	Benign neoplasm of anus and anal canal

Code	Description
❑ D13.1	Benign neoplasm of stomach
❑ D13.2	Benign neoplasm of duodenum
❑ D13.30	Benign neoplasm of unspecified part of small intestine
❑ D13.39	Benign neoplasm of other parts of small intestine
❑ D14.30	Benign neoplasm of unspecified bronchus and lung
❑ D15.0	Benign neoplasm of thymus
❑ D30.00	Benign neoplasm of unspecified kidney
❑ D3A.010	Benign carcinoid tumor of the duodenum
❑ D3A.011	Benign carcinoid tumor of the jejunum
❑ D3A.012	Benign carcinoid tumor of the ileum
❑ D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
❑ D3A.020	Benign carcinoid tumor of the appendix
❑ D3A.021	Benign carcinoid tumor of the cecum
❑ D3A.022	Benign carcinoid tumor of the ascending colon
❑ D3A.023	Benign carcinoid tumor of the transverse colon
❑ D3A.024	Benign carcinoid tumor of the descending colon
❑ D3A.025	Benign carcinoid tumor of the sigmoid colon
❑ D3A.026	Benign carcinoid tumor of the rectum
❑ D3A.029	Benign carcinoid tumor of the large intestine, unspecified portion
❑ D3A.090	Benign carcinoid tumor of the bronchus and lung
❑ D3A.091	Benign carcinoid tumor of the thymus
❑ D3A.092	Benign carcinoid tumor of the stomach
❑ D3A.093	Benign carcinoid tumor of the kidney
❑ D3A.094	Benign carcinoid tumor of the foregut, unspecified
❑ D3A.095	Benign carcinoid tumor of the midgut, unspecified
❑ D3A.096	Benign carcinoid tumor of the hindgut, unspecified
❑ D49.511	Neoplasm of unspecified behavior of right kidney
❑ D49.512	Neoplasm of unspecified behavior of left kidney
❑ D49.519	Neoplasm of unspecified behavior of unspecified kidney
❑ Other:	______________________

CPT* Codes Most Frequently Associated With PET Scan *(select only 1)*

Code	Description
❑ 78811	PET imaging; limited area (eg, chest, head/neck)
❑ 78812	PET imaging; skull base to mid-thigh
❑ 78813	PET imaging; whole body
❑ 78814	PET with concurrently acquired CT for attenuation correction & anatomical localization imaging; limited area (eg, chest, head/neck)
❑ 78815	PET with concurrently acquired CT for attenuation correction & anatomical localization imaging; skull base to mid-thigh
❑ 78816	PET with concurrently acquired CT for attenuation correction & anatomical localization imaging; whole body
❑ Other:	______________________

CT, computed tomography;
PET, positron emission tomography

Please see the full Prescribing Information for NETSPOT

***Disclaimer Notice for list of possible codes:** This information is taken from publicly available sources. It is not intended to guarantee, increase, or maximize reimbursement by any payer. It is the provider's responsibility to report the codes that accurately describe the products and services furnished to individual patients. Reimbursement is dynamic. We recommend that providers consult their payer organizations regarding local policies and rates. Laws and regulations regarding reimbursement change frequently and providers are solely responsible for all decisions related to coding and billing including determining, if and under what circumstances, it is appropriate to seek reimbursement for products and services and obtaining preauthorization, if necessary. AAA makes no representation or warranty regarding this information or its completeness or accuracy and will bear no responsibility for the results or consequences of the use of this information. You should reference the current CPT®, ICD-10-CM, and Healthcare Common Procedure Coding System (HCPCS) manuals and follow the "Documentation Guidelines for Evaluation and Management Services" for the most detailed and up-to-date information. Current Procedural Terminology (CPT®) is a copyright and registered trademark of the 2012 American Medical Association (AMA). All rights reserved.

© 2022 Advanced Accelerator Applications USA, Inc. All Rights Reserved. | 170264 1/22

PATIENT AUTHORIZATION

Please read the following carefully, then sign and date where indicated on page 1.

I authorize my health care providers, pharmacies, and health insurers, and their service providers (“Providers”) to disclose information relating to my insurance benefits, medical condition, treatment, and prescription details (“Personal Information”) to Advanced Accelerator Applications USA, Inc (a Novartis Company) (“AAA”), and the Novartis Patient Assistance Foundation, Inc. (“NPAF”), and its service providers so they can provide the following support services (“Services”):

- Help coordinate insurance coverage for, access to, and receipt of my medication
- Communicate with me about possible financial assistance, including AAA co-pay or NPAF programs, and, if I am enrolled, administer my participation in these programs
- Communicate with me about my medication and treatment, including reminders, health and lifestyle tips, and product and other related information. Communications may be customized based on Personal Information obtained from my Providers
- Conduct quality assurance and other internal business activities, and ask for feedback related to the Services or my treatment

In delivering the Services, AAA and NPAF may share Personal Information with each other, with my Providers, or with government agencies or other financial assistance programs that might help me pay for my medication. They may combine information collected from me with my information collected from other sources and use that information to administer the Services. My pharmacies or other health care providers may receive payment from AAA for providing certain aspects of the Services, such as medication or refill reminders, based on my enrollment or participation. Once I authorize disclosure of my Personal Information, it may no longer be protected by federal health privacy law and applicable state laws.

I understand that I do not have to sign this Patient Authorization to get my medication or insurance coverage, that I have a right to a copy, and that I can cancel this Authorization at any time by calling 1-844-638-7222 or by writing to AAA PatientCONNECT™, 4199 Kinross Lakes Parkway, Suite 220, Richfield, OH 44286.

This authorization will expire 5 years after I sign it, or earlier if required by state law, unless I cancel it sooner. If I cancel it, I may no longer qualify for Services from AAA or NPAF, but it will not impact my Providers’ treatment or my insurance benefits. I also understand that if a Provider is disclosing my Personal Information to AAA or NPAF on an authorized, ongoing basis, my cancellation with AAA or NPAF will be effective with respect to that Provider as soon as they receive notice of my cancellation. Cancellation will not affect prior uses or disclosures.

I agree for myself and certify (if applicable) that my caregiver agrees to receive non-marketing calls and texts from Novartis or NPAF, including through an autodialer or prerecorded voice, at the number(s) provided.

For more information, please visit the AAA website: www.adacap.com.

Rev. 1/22

Please see the full Prescribing Information for NETSPOT

Advanced Accelerator Applications USA, Inc
57 East Willow Street, Millburn, NJ 07041
© 2022 Advanced Accelerator Applications. All Rights Reserved.