Request a Field Reimbursement Manager (FRM)

This dedicated team of specialists provides guidance on coding, billing, reimbursement, and patient access.

WAYS TO SUBMIT

1. Fax 1-833-726-4848.
2. Call 1-833-61-BIOCON (1-833-612-4626)
3. Contact Your Local Biocon Territory Account Manager

WHAT HAPPENS NEXT

- FRM Reviews Your Request
- Outreach within <1 business day
- Visit or Call Scheduled Based on Your Preference

Fields marked with an * are required fields

PRESCRIBER INFORMATION

Reset

Prescriber First Name* _____ Prescriber Last Name* _____

Practice Name* _____

Address* _____ City* _____ State* _____ Zip* _____

REQUESTOR INFORMATION

Reset

Name of Person Requesting FRM* _____ Contact Title: _____

Contact Phone Number* (___)_____ – _____ Contact Email* _____

REQUEST DETAILS

Reset

Preferred Date for Visit/Call ____/____/____ Time _____ Alternate Date ____/____/____ Alternate Time _____

Engagement Preference

☐ In Person Visit ☐ Virtual/Video Call ☐ Phone Call

Urgency Level

☐ Routine (within 1-2 weeks) ☐ Urgent (within 2-3 days) ☐ Emergency (today)

REASON FOR VISIT *Check all that apply.*

Reset

☐ Office Education - *training on the My Biocon Biologics Patient Support Program*

☐ Coding/Billing Question - *how to code/bill/submit a claim*

☐ Coverage Inquiry - *will a plan cover this product*

☐ Reimbursement Concern - *payment inquiry, no denial*

☐ Claim or Prior Authorization (PA) Denial - *a claim or PA request was already denied*

☐ Patient Affordability - *cost/commercial copay assistance*

Are you interested in discussing a specific payer? ☐ Yes (Please list which one) _____ ☐ No

Privacy notice: *Do not provide patient-specific Protected Health Information on this form. For support with a specific patient, please complete a My Biocon Biologics Patient Enrollment Form.*

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