iDose® TR
(travoprost intracameral implant) 75 mcg

For support: 1-844-MyiDose (1-844-694-3673) | Monday–Friday, 8:00 AM–8:00 PM ET

IQVIA Copay Vendor Registration Form for Healthcare Providers

Please fax this form to 1-844-iDoseFX (1-844-436-7339)

Healthcare Provider Information Enrollment Section

Provider Name: _____

Phone: _____

Provider NPI: _____

Office Contact First and Last Name: _____

Practice Name: _____

Practice NPI: _____

Office Contact Phone: _____

Tax ID: _____

Office Fax Number: _____

Street Address: _____

Email Address: _____

City: _____

State: _____ **Zip Code:** _____

Please complete below information if the address is different from the above office location

Remit To Name: _____

Remit To State: _____

Remit To Street Address: _____

Remit To Zip Code: _____

Remit To City: _____

Remit To Phone Number: _____

This form is required for providers to register with the vendor managing Copay Program registration and claim adjudication.

To ensure timely and accurate reimbursement, the Program must validate certain provider information, including your National Provider Identifier (NPI), Tax Identification Number (Tax ID), and practice details. This information is necessary to facilitate claim processing and payments.

Once you complete registration, you will have the option to set up Electronic Data Interchange (EDI) to streamline your reimbursement submissions. Please complete all requested fields to ensure successful registration and prompt reimbursement. If you have any questions, please contact the Program's support team.

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iDose TR Copay Assistance Program Terms and Conditions

The iDose TR Copay Assistance Program ("Program") is valid ONLY for patients with commercial (private or non-governmental) insurance who have a valid prescription for a Food and Drug Administration (FDA)-approved indication for iDose TR. Patients using Medicare, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DoD), TRICARE or any other federal or state government program (collectively, "Government Programs") to pay for iDose TR and/or administration services are not eligible. The Program is not valid if the costs are eligible to be reimbursed in their entirety by commercial insurance plans or other programs.

Under the Program, the patient may be required to pay a copay. The final amount owed by a patient may be as little as $0 for iDose TR, one implant per eye. The total patient out-of-pocket cost is dependent on the patient's health insurance plan. The Program assists with the cost of iDose TR. It does not assist with the cost of other administrations, medicines, procedures, or office visit fees. The Program benefit amounts cannot exceed the patient's out-of-pocket expenses for iDose TR. The Program is not health insurance or a benefit plan. The patient's non-governmental insurance is the primary payer.

Once a patient is enrolled, the Program will honor claims with a date of service that precedes Program enrollment by 180 days. Claims must be submitted within 180 days from the date of service unless otherwise indicated. Use of this Program must be consistent with all relevant health insurance requirements. Participating patients, pharmacies, physicians' offices and hospitals are responsible for reporting the receipt of all the Programs' benefits as required by any insurer or by law. Program benefits may not be sold, purchased, traded or offered for sale.

The patient or their guardian must be 18 years of age or older to receive assistance from the Program. The Program is only valid in the United States and U.S. Territories and are void where prohibited by law.

The value of the Program is intended exclusively for the benefit of the patient. The funds made available through the Program may only be used to reduce the out-of-pocket costs for the patient enrolled in the Program.

Glaukos reserves the right at any time to delete, modify, or change the terms and conditions without notice.

Provider Signature: _____

Date: _____

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