How to Submit a Copay Reimbursement Request to the iDose® TR Copay Program

iDose Care Connect™

The iDose TR Copay Program may help eligible commercially insured patients lower their out-of-pocket costs for iDose TR (travoprost intracameral implant) 75 mcg and the related procedure.*

Step 1: Confirm Enrollment in the iDose TR Copay Program

This checklist is for patients who are **already enrolled** in the iDose Copay Program and paid an eligible out-of-pocket cost directly to their healthcare provider. **Before submitting a reimbursement request, make sure you are enrolled in the iDose Copay Program. Reimbursement cannot be issued unless you are enrolled.**

Step 2: Complete the Patient Reimbursement Form

Complete and sign the **Patient Reimbursement Form**. Use this form if you paid an eligible out-of-pocket cost and are requesting reimbursement directly. Before submitting, confirm that:

- Your name and contact information are complete
- Your date of service is included
- You signed the form
- Required treatment details are included
- Your mailing address is correct

Important: If your address changes after you submit your reimbursement request, contact the iDose Copay Program right away to avoid delays in receiving your reimbursement check.

Step 3: Gather your Supporting Documents

Your reimbursement request must include **all three of the following documents** that show your eligible out-of-pocket cost, including:

1. An **Itemized Bill**, from your provider's office showing the services you received and their cost
2. **Proof of Payment**, if you already paid out-of-pocket
3. An **Explanation of Benefits**, also called an EOB, which is issued by your health plan. Because the EOB contains key claim details needed for reimbursement, review the example below to see what information to look for.

Explanation of Benefits (EOB)

This is not a bill. Keep this for your records.

1 **Patient Name:** John Q. Sample
Member ID: ABC123456789
Claim Number: CLM000123456789
Group Number: GRP9876543

2 **Provider Name:** Vision Care Specialists, P.C.
Provider Address: 1234 Eye Health Way Anytown, ST 12345
Date Processed: MM/DD/YYYY

3 Blue Sky PPO Demo Plan

4 **Date Prepared:** MM/DD/YYYY

Details of Service

5 Date of Service	6 Service Code	Description of Services	8 Provider Charge	9 Amount Allowed	Plan Paid	10 Patient Responsibility
MM/DD/YYYY	J7355	Injection, travoprost, intracameral implant, 1 microgram	$0.00	$0.00	$0.00	$0.00
MM/DD/YYYY	7 0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	$0.00	$0.00	$0.00	$0.00

1. Patient Name, Plan Details
2. Provider and/or Facility Name
3. Health Plan Name
4. EOB Date
5. Date of Service (copay reimbursement claim must be submitted to the iDose TR Copay Program within 180 days of this date for reimbursement)
6. Service Code and Description for iDose TR
7. Service Code and Description for Service Code Applicable to iDose TR
8. Billed Amount
9. Allowed Amount
10. Patient Responsibility

Disclaimer: The information provided on this form is for demonstration purposes only and does not represent any real person. While your EOB may look different, the same information is required to process your reimbursement claim for the iDose TR Copay Program.

Step 4: Submit your copay reimbursement request

Fax completed reimbursement forms and supporting documents to: **1-844-iDoseFx/1-844-436-7339**

If you are eligible, a reimbursement check will be processed within 2-3 weeks of receipt of your completed application.

Need Help? Call the iDose TR Copay Program at (844)-694-3673, Monday–Friday, 8 am–8 pm ET

**Financial support is available for commercially insured eligible patients only. Additional restrictions apply. Subject to program terms and conditions.*

iDose® TR Copay Program Terms and Conditions

- Patient eligibility requires enrollment in iDoseCareConnect™ and completion of a benefits investigation.
- The iDose® TR Copay Program ("Program") is available exclusively to patients with commercial (private or non-governmental) insurance who have a valid prescription for an FDA-approved use of iDose® TR.
- Patients who use 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 or related administration services are not eligible.
- The Program is also invalid if all costs can be fully reimbursed by commercial insurance or other assistance programs.
- Under the Program, patients may still be required to pay a copay. Depending on individual insurance coverage, out-of-pocket expenses for iDose® TR may be reduced to as little as $0 per calendar year. The exact out-of-pocket cost depends on the patient's health insurance plan.
- The Program helps cover the cost of iDose® TR and, where allowed by law, may also assist with eligible procedure costs directly related to its administration. Program benefits cannot exceed the patient's actual out-of-pocket expenses for iDose® TR. This Program is not health insurance or a benefit plan; the patient's non-governmental insurance remains the primary payer.
- Once enrolled, the Program will honor claims for services rendered up to 180 days prior to the enrollment date. Claims must be submitted within 180 days of the date of service, unless otherwise specified.
- Use of this Program must comply with all relevant health insurance requirements. Patients, pharmacies, physicians' offices, and hospitals participating in the Program are responsible for reporting all Program benefits received, as required by insurers or the law.
- Program benefits may not be sold, purchased, traded, or offered for sale.
- The patient or their guardian must be at least 18 years old to receive assistance through the Program. The Program is valid only in the United States and U.S. Territories.
- Void where prohibited by law.
- The Program's value is intended solely for the benefit of the patient. Funds provided through the Program may only be used to reduce eligible out-of-pocket costs for enrolled patients.
- Patients must have commercial insurance and provide proof of financial responsibility for a portion of the drug and/or procedure cost, if applicable.
- This offer cannot be combined with any other rebate, coupon, or similar offer for iDose® TR.
- Glaukos reserves the right at any time to delete, modify, or change the terms, benefits, and conditions without notice.

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