

IQVIA Copay Vendor Registration Form for Site of Care (SOC)

iDose^{TR}®
(travoprost intracameral
implant) 75 mcg

This form is required for treatment facilities to register with the vendor managing Copay Program registration and claim adjudication. To ensure timely and accurate reimbursement, the Program must validate the provider and site of care information, including the National Provider Identifier (NPI), Tax Identification Number (Tax ID), and facility details. This information is necessary to facilitate claim processing and payments.

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

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

Site of Care Information Enrollment Section

Provider Name: _____

Site of Care Phone: _____

Provider NPI: _____

Contact First and Last Name: _____

Site of Care Name: _____

Site of Care NPI: _____

Site of Care Contact Phone: _____

Site of Care Tax ID: _____

Site of Care Fax Number: _____

Site of Care Street Address: _____

Email Address: _____

Site of Care City: _____

Site of Care State: _____ Site of Care Zip Code: _____

Please complete below information if the address is different from the above site of care location

Remit To Name: _____

Remit To State: _____

Remit To Street Address: _____

Remit To Zip Code: _____

Remit To City: _____

Remit To Phone Number: _____



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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: _____