

8,4011

N=20

33394 (554454)

10/4/19

342-4651

Physician Order/Physician Chemotherapy Order/Pharmacy/1-12



ORANGE REGIONAL MEDICAL CENTER

CHEMOTHERAPY ORDERS

GODDARD LAINJU MD

Oct. 7. 2019 12:20PM 8453815229



Patient Label

TO BE COMPLETED BY PHYSICIAN

Date Written: 10/4/19

Diagnosis: M06.04

Protocol / Regimen -

Cycle of

TNM Stage:

Date of Administration:

VENOUS ACCESS: ☐ Peripheral ☐ Central

Height: ☐ Actual ☐ Ideal ☐ Adjusted ☐ Dosing

Weight: ☐ Actual ☐ Ideal ☐ Adjusted ☐ Dosing

Body Surface Area (m<sup>2</sup>): ☐ Minimal ☐ Moderate ☐ High

Lab Orders: ☐ CBC/DIFF ☐ BMP ☐ Magnesium ☐ UA

Hold Parameters: ☐ ANC less than: ☐ WBC less than: ☐ PLT less than: ☐ Hgb/Hct less than: ☐ Scr greater than:

Non-chemotherapy orders: ☐ Rph initials / Nurse initials

☐ IV Fluid: NS @ KVO (20 mL/hr)

Solution, volume and infusion rate are per manufacturer/hospital guidelines unless otherwise specified. Chemotherapy agents will be rounded down to nearest vial size if within 5% of calculated dose. Biological agents will be rounded down to the nearest vial size if within 10% of calculated dose. Please administer chemotherapy in sequence listed below.

Chemotherapy

Dose per Unit (m<sup>2</sup>, kg, AUC)

Dose Reduction (mg/m<sup>2</sup>, mg/kg, AUC)

Calculated Dose

Dose Dispensed (Rounding to be completed by Rph)

Route

Infusion Rate

Rph / Nurse initials

100mg WK 0

100mg WK 2

IV

IV

10/4/19

MD Signature: [Signature]

RN Signature: [Signature]

Rph Signature: [Signature]

Date/Time

Date/Time

Date/Time

Date/Time

Date/Time

Date/Time

Date/Time

Date/Time

Date/Time

Date/Time

Date/Time

Date/Time

## Face Sheet (Standard)

Please answer all questions fully

Date: 10/04/2019 All Account E-Chart

Account Number: 5373



|   |  |                                |             |                         |                           |                           |            |
|---|--|--------------------------------|-------------|-------------------------|---------------------------|---------------------------|------------|
| Name (Last, First, MI)<br>Brancato, Stanley |  | Social Security<br>139-42-1876 | Age<br>67   | Birthdate<br>03/30/1952 | Sex<br>M                  | Home Phone (845) 783-9029 | Cell Phone |
| Mailing Address<br>52 Poplar Drive          |  | City<br>Maurice                | State<br>NY | Zipcode<br>10950        | Marital Status<br>Married | E-Mail                    |            |
| Employer<br>IBM                             |  | City                           | State       | Zipcode                 | Work Phone (914) 759-9029 |                           |            |

|   |  |                                |                         |                  |                           |
|---|--|--------------------------------|-------------------------|------------------|---------------------------|
| Name (Last, First, MI)<br>Brancato, Stanley |  | Social Security<br>139-42-1876 | Birthdate<br>03/30/1952 | Sex<br>M         | Home Phone (845) 783-9029 |
| Address<br>52 Poplar Drive                  |  | City<br>Maurice                | State<br>NY             | Zipcode<br>10950 | Marital Status<br>Married |
| Employer<br>IBM                             |  | City                           | State                   | Zipcode          | Work Phone (914) 759-9029 |

|                 |  |                   |                                    |                |                |
|-----------------|--|-------------------|------------------------------------|----------------|----------------|
| Lainjo, Goddard |  | Zucker MD, Albert | 505 Route 208<br>Maurice, NY 10950 | (845) 782-6092 | (845) 782-7926 |
|-----------------|--|-------------------|------------------------------------|----------------|----------------|

| Primary Insurance Company | Subscriber's Name, Birthdate, SSN         | Relationship | Policy Number/Group# | Copy |
|---------------------------|---|--------------|----------------------|------|
| Medicare                  | Stanley Brancato<br>3/30/1952 139-42-1876 | Self         | 17G39N15WU27         | 0.00 |
| Second Insurance Company  | Subscriber's Name, Birthdate, SSN         | Relationship | Policy Number/Group# | Copy |
| AARP Healthcare Options   | Stanley Brancato<br>3/30/1952 139-42-1876 | Self         | 30675365011          | 0.00 |
| Third Insurance Company   | Subscriber's Name, Birthdate, SSN         | Relationship | Policy Number/Group# | Copy |
|                           |   |              |                      |      |

| Contact Name | Relationship | Home Phone Number | Work Phone Number | Cell Phone Number |
|--------------|--------------|-------------------|-------------------|-------------------|
|              |              |                   |                   |                   |

**Patient Release:**  
I certify the information that I have provided is correct. I authorize the release of medical information necessary to process insurance claims to insurance companies or their agencies (including Medicare), for purpose of filing and payment of medical claims. I authorize payment of medical benefits to the provider. I ACKNOWLEDGE THAT INTEREST OR A FEE, AT THE PROVIDER'S CURRENT RATE, MAY BE CHARGED on all balances owing to the provider that are past due.

I permit a copy of this release to be used in place of the original.

Signature:

(Signature of insured or authorized person, patient or parent if minor)

Date: / / 2019

Elliot  
Chis  
Gerard

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Genentech® Patient Foundation

Thank you,

they need, quickly and simply.

For any inquiries specifically related to shipment of a patient's medication, please contact our pharmacy vendor, MedVantx at (833) 688-4363. We will work closely with MedVantx to get your patient the medicine anytime Monday through Friday from 8:00 a.m. to 5:00 p.m. PST.

Our Foundation Specialists are available to provide information about program guidelines and answer questions that you may have. To reach Genentech® Patient Foundation, please call (888) 941-3331.

Please do not send any procedure notes, treatment administration records, flow sheets or other medical documents unless we specifically request them, as these will delay medication shipments.

This approval letter should be kept with the billing records for the patient listed above. If you do not manage patient accounts, please help us in forwarding this letter to the appropriate department. As a reminder, a product provided at no cost to a health care provider cannot be billed to the patient or to a payer.

If such changes occur, please notify Genentech® Patient Foundation immediately.

- The patient no longer meets the program eligibility requirements
- The patient's health insurance or financial status changes, or
- Therapy is discontinued

As long as free product is available, the patient remains approved from the date of this letter until:

The Genentech® Patient Foundation is pleased to inform you that the patient listed above has been approved to receive their RITUXAN free of charge.

Dear GODDARD LAINJO,

Re: Genentech® Patient Foundation Approval for STANLEY BRANCATO  
Date: October 3, 2019

Genentech® Patient Foundation  
Phone: (888) 941-3331

Genentech

M4# 333321

## PLAN COVERAGE

Phone: (666) 681-3261 Fax: (666) 681-3288 Genentech-Access.com/Rheumatology

This benefit investigation (BI) is based on information you provided to Genentech Access Solutions for the purpose of asking payer(s) about your patient's insurance coverage for the Product(s) below. This benefit investigation is based on the payer(s) response as of date(s) specified in the Product Coverage section below, however, the benefit investigation and the payer(s) response do not guarantee coverage, reimbursement, or payment at any particular rate for the Product(s). If the indication for which you are prescribing a Genentech product is not listed in the FDA-approved label, you are prescribing the medication for an "unapproved" use, meaning that the FDA has not approved the efficacy, dosage amount or safety of this medication when used for such a use. Provision of this benefit investigation is not an endorsement of use or prescribing practice. Please check directly with the payer(s) to verify codes, reimbursement rates and special billing requirements.

Prescriber: GODDARD LAINJO  
Primary Diagnosis Code: M06.9

Patient: Stanley Brancato  
Secondary Diagnosis Code:

Patient DOB: 3/30/1952  
Tertiary Diagnosis Code:

### NOTES

**Primary : Medicare NY : Medicare Part B**  
**Product Coverage: Rituxan for Immunology**  
**BI Obtained Date: 10/09/2019**

Major Medical- Traditional Medicare

Prior authorization is not required.

Buy and bill required.

**Secondary : UNITEDHEALTHCARE INC (CORPORATE) : Medicare Supplemental**  
**Product Coverage: Rituxan for Immunology**  
**BI Obtained Date: 10/09/2019**

Major Medical- Medicare Supplement Plan G

Coordinated benefits are displayed.

Supplement coordination of benefits applies. If the primary denies, this plan will also deny.

This plan follows Medicare guidelines. If Medicare denies, this plan will deny.

Plans C, F, J will consider the Medicare Part B deductible.

Plans A, B, D, E, G, H, I, K, M, N will not consider the Medicare Part B deductible.

Prior authorization is not required.

Buy and bill required.

Please note the percentage quoted here is based on the payer's allowed amount or contract rate for this benefit plan, not the billed amount. For details regarding the allowed amount for this patient's benefit plan, please contact your payer's provider representative and/or refer to your payer contract.

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## PLAN COVERAGE

Phone: (866) 681-3261 Fax: (866) 681-3288 Genentech-Access.com/Rheumatology

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Prescriber: GODDARD LAINO  
Primary Diagnosis Code: M06.9

Patient: Stanley Brancato  
Secondary Diagnosis Code:

Patient DOB: 3/30/1952  
Tertiary Diagnosis Code:

| PAYER PRIMARY       |                 |
|---------------------|-----------------|
| Name:               | Medicare NY     |
| Plan Product:       | Medicare Part B |
| Plan Type:          | Medicare        |
| Subscriber ID:      | 17G39N15WU27    |
| Group Number:       | N/A             |
| Effective Date:     | 1/1/2019        |
| Eligibility Period: | Calendar Year   |
| Phone:              | (000) 000-0000  |
| Contact:            | Online          |
| Reference Number:   | Online          |

| PRODUCT COVERAGE          |                             |
|---------------------------|-----------------------------|
| BI Obtained Date:         | 10/09/2019                  |
| Benefit Type:             | HOPD                        |
| Product Coverage:         | Yes, if medically necessary |
| Billing Code:             | J9312                       |
| Prior Auth/PreD Required: | No                          |
| Admin Code:               | 96413 / 96415               |
| Prior Auth/PreD Required: | No                          |

| COST SHARE                                  |             |
|---|-------------|
| Individual Deductible                       | \$185.00    |
| Individual Deductible Met:                  | \$185.00    |
| Individual Out of Pocket Max:               |             |
| Family Deductible:                          |             |
| Family Deductible Met:                      |             |
| Family Out of Pocket Max:                   |             |
| Family Out of Pocket Max Met:               |             |
| Insurer / Patient Cost Share:               | 80 % / 20 % |
| Drug Co-Pay:                                |             |
| Specialist Co-Pay:                          |             |
| Place of Service Co-Pay:                    |             |
| Deductible(s) Applies to Out of Pocket Max: |             |
| Annual Benefit Max:                         |             |

| BUY & BILL SPECIALTY PHARMACY                |               |
|--|---------------|
| Buy and Bill:                                | Required      |
| Specialty Pharmacy:                          | Not Available |
| Specialty Pharmacy 1 / Specialty Pharmacy 2: |               |
| Specialty Phone 1 / Specialty Phone 2:       |               |
| Specialty Fax 1 / Specialty Fax 2:           |               |

Please note the percentage quoted here is based on the payer's allowed amount or contract rate for this benefit plan, not the billed amount. For details regarding the allowed amount for this patient's benefit plan, please contact your payer's provider representative and/or refer to your payer contract.

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A member of the Roche Group

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## PLAN COVERAGE

Phone: (866) 661-3261 Fax: (866) 661-3288 Gentech-Access.com/Rheumatology

This benefit investigation (BI) is based on information you provided to Gentech Access Solutions for the purpose of asking payer(s) about your patient's insurance coverage for the Product(s) below. This benefit investigation is based on the payer(s) response as of date(s) specified in the Product Coverage section below, however, the benefit investigation and the payer(s) response do not guarantee coverage, reimbursement, or payment at any particular rate for the Product(s). If the indication for which you are prescribing a Gentech product is not listed in the FDA-approved label, you are prescribing the medication for an "unapproved" use, meaning that the FDA has not approved the efficacy, dosage amount or safety of this medication when used for such a use. Provision of this benefits investigation is not an endorsement of use or prescribing practice. Please check directly with the payer(s) to verify codes, reimbursement rates and special billing requirements.

Prescriber: GODDARD LAINO Patient: Stanley Brancato Patient DOB: 3/30/1952  
Primary Diagnosis Code: M06.9 Secondary Diagnosis Code: Tertiary Diagnosis Code:

Name: UNITEDHEALTHCARE INC (CORPORATE)  
Plan Product: Medicare Supplemental  
Plan Type: Medicare  
Subscriber ID: 306753650  
Group Number: N/A  
Effective Date: 8/1/2019  
Eligibility Period: Calendar Year  
Phone: (800) 227-7789  
Contact: IVR  
Reference Number: IVR

## PRODUCT COVERAGE

Review for  
Immunology  
in Network

BI Obtained Date: 10/09/2019  
Benefit Type: HOPD  
Product Coverage: Yes, if medically necessary  
Billing Code: J9312  
Prior Auth/Pred Required: No/  
Admin Code: 96413 / 96415  
Prior Auth/Pred Required: No

## COST SHARE

Individual Deductible  
Individual Deductible Met  
Individual Out of Pocket Max:  
Individual Out of Pocket Max Met  
Family Deductible:  
Family Deductible Met  
Family Out of Pocket Max  
Family Out of Pocket Max Met  
Insurer / Patient Cost Share:  
Drug Co-Pay:  
Specialist Co-pay:  
Place of Service Co-pay:  
Deductible(s) Applies to Out of Pocket Max:  
Annual Benefit Max:

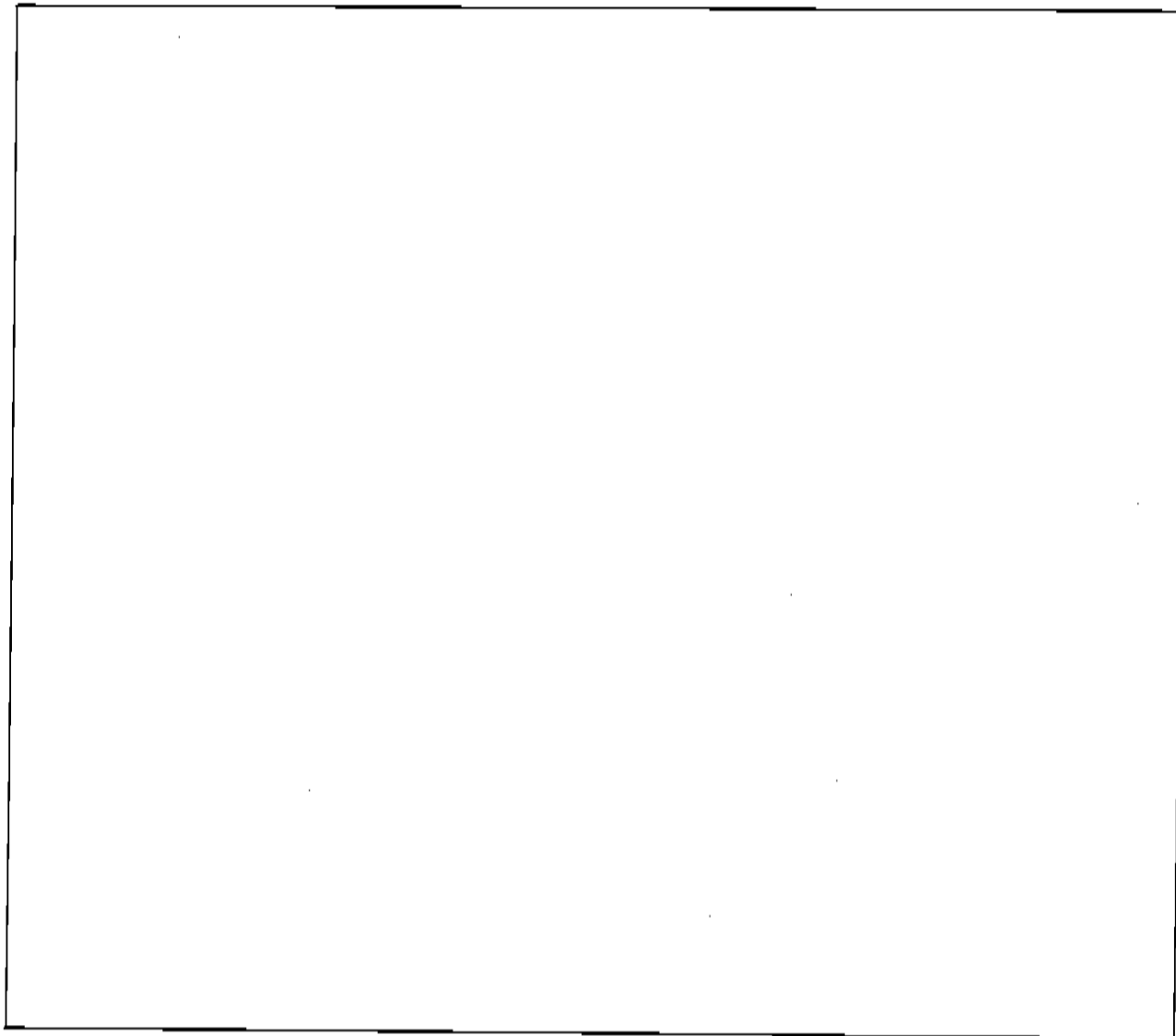
## BUY &amp; BILL SPECIALTY PHARMACY

Buy and Bill:  
Specialty Pharmacy:  
Specialty Pharmacy 1 / Specialty Pharmacy 2:  
Specialty Phone 1 / Specialty Phone 2:  
Specialty Fax 1 / Specialty Fax 2:

Please note the percentage quoted here is based on the payer's allowed amount or contract rate for this benefit plan, not the billed amount. For details regarding the allowed amount for this patient's benefit plan, please contact your insurer or provider representative and allow for the patient's benefit plan, not the billed amount. For details regarding the

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**Please do not hesitate to call if you have any questions or concerns. Thank You!**



**Please do not send any other documentation unless requested by Access Solutions.**

|   |                      |
|---|----------------------|
| <b>ATTN:</b> Stacy<br><b>TO:</b> GODDARD LAINJO<br><b>DATE:</b> 10/10/2019<br><b>FROM:</b> Cynthia Hui for Joseph Carey   |                      |
| <b>PATIENT:</b> Stanley Brancato<br><b>DOB:</b> 3/30/1962   | <b>DRUG:</b> Rituxan |
| To help us protect your patient's privacy, please refer to the Patient ID No. and/or Service Request ID No. in all communications with Genentech Access Solutions/Genentech Patient Foundation. |                      |

Access the benefits Access Solutions has to offer online at [genentech-access.com/Rheumatology](http://genentech-access.com/Rheumatology)

**Phone:** (866) 681-3261 - **Fax:** (866) 681-3288

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