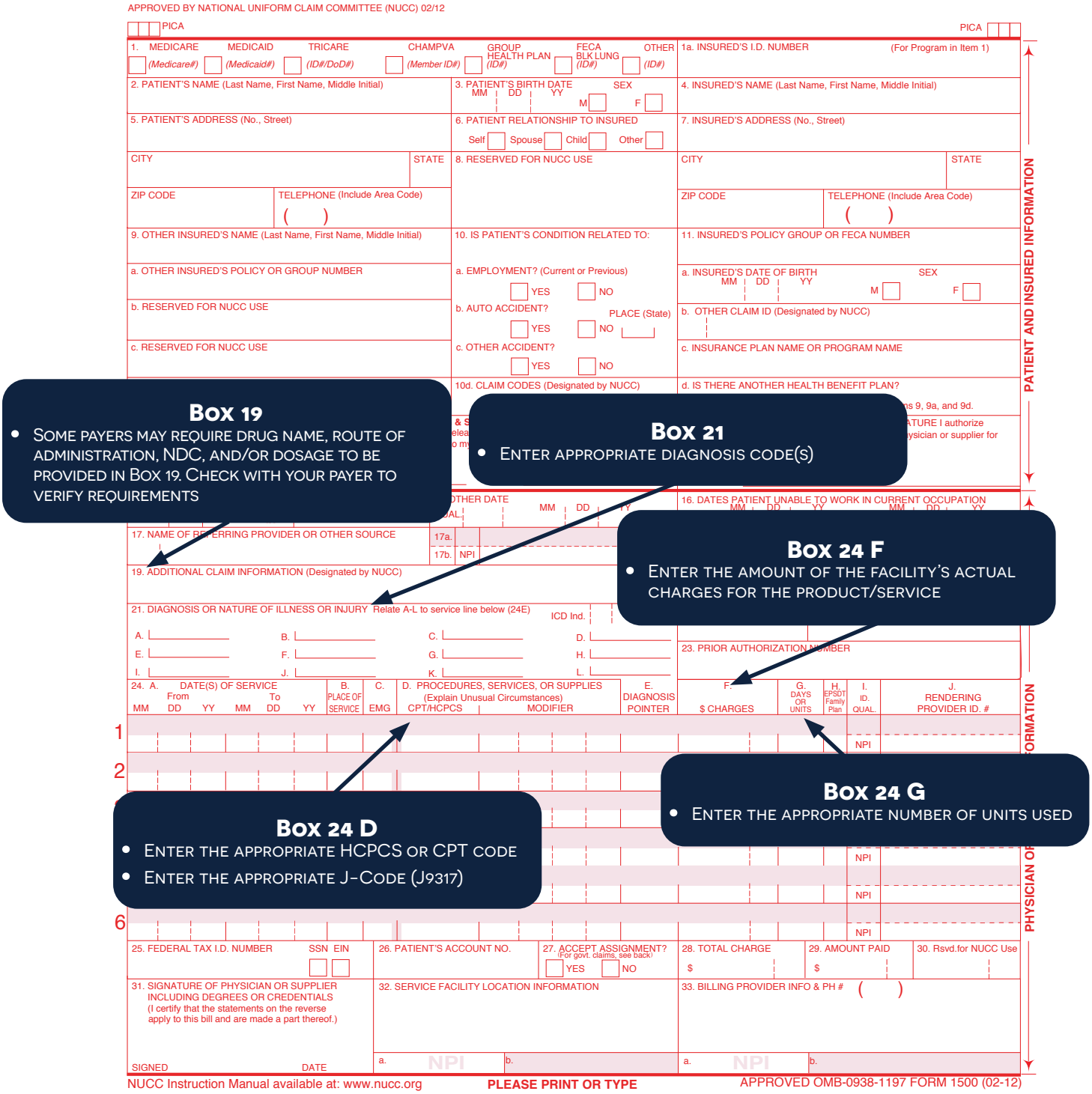
TRODELVY™
sacituzumab govitecan-hziy
180 mg for injection

# Sample CMS-1500 Claim Form for Office Billing

For more information, visit www.TRODELVY.com




**Box 19**
- Some payers may require drug name, route of administration, NDC, and/or dosage to be provided in Box 19. Check with your payer to verify requirements

**Box 21**
- Enter appropriate diagnosis code(s)

**Box 24 F**
- Enter the amount of the facility's actual charges for the product/service

**Box 24 D**
- Enter the appropriate HCPCS or CPT code
- Enter the appropriate J-Code (J9317)

**Box 24 G**
- Enter the appropriate number of units used

Immunomedics cannot guarantee payment of any claim. Coding, coverage, and reimbursement may vary significantly by payer, plan, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. For additional information, customers should consult with their payers for all relevant coding, reimbursement, and coverage requirements. It is the sole responsibility of the provider to select the proper code and ensure the accuracy of all claims used in seeking reimbursement. All services must be medically appropriate and properly supported in the patient's medical record.

**Click here for the full Prescribing Information, including boxed Warning, and Patient Information.**



Immunomedics