



For more information, visit www.gliadel.com/hcp

1		2		3a PAT. CNTL. #		4 TYPE OF BILL	
				3b MED. REC. #			
				5 FE D. TAX NO.		6 STATEMENT COVERS PERIOD FROM THRU	
8 PATIENT NAME				9 PATIENT ADDRESS			
11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE		15 SRC	
16 DHR		17 STAT		18		19	
20		21		CONDITION CODES 22		23	
24		25		26		27	
28		29 ACDT STATE		30			
32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE	
SPAN THRU		SPAN THRU		SPAN THRU		SPAN THRU	
36 CODE		37		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT	
a		b		41 CODE		41 VALUE CODES AMOUNT	
c		d					
42 RE V. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SE RV. DATE	
						46 SE RV. UNITS	
						47 TOTAL CHARGES	
						48 NON-COVERED CHARGES	
						49	
PAGE ____ OF ____				CREATION DATE		TOTALS	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 AGG. BEL.	
				54 PRIOR PAYMENTS		55 EST. AMOUNT DUE	
						56 NPI	
						57 OTHER PRV ID	
				59 P. REL.		60 INSURED'S UNIQUE ID	
				61 GROUP NAME		62 INSURANCE GROUP NO.	
63 ORGANIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
A		B		C		D	
66 DX		67		68			
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
74 PRINCIPAL PROCEDURE DATE		OTHER PROCEDURE DATE		75		76 ATTENDING NPI	
a		b		c		QUAL	
LAST		FIRST					
77 OPERATING NPI		OTHER PROCEDURE DATE		78 OTHER NPI		QUAL	
a		b		c		LAST	
LAST		FIRST					
79 OTHER NPI		OTHER PROCEDURE DATE		80 OTHER NPI		QUAL	
a		b		c		LAST	
LAST		FIRST					

Box 42

ENTER THE APPROPRIATE REVENUE CODE CORRESPONDING TO GLIADEL® WAFER (CARMUSTINE IMPLANT) IN BOX 44

Box 43

- ENTER THE NAME OF THE PRODUCT
 - Example: "GLIADEL Wafer (carmustine implant)"

Box 46

- ENTER THE APPROPRIATE NUMBER OF UNITS IMPLANTED (1 BOX/ UNIT=8 WAFERS)
 - Example: If up to 8 wafers were used, indicate 1 unit on the claim. See instructions for use for additional details.

Box 67A-67Q

ENTER THE PRIMARY DIAGNOSIS CODE ON LINE A, THE SECONDARY DIAGNOSIS CODE ON LINE B, TERTIARY ON LINE C, ETC.

Box 74

ENTER THE APPROPRIATE ICD-10-PCS PROCEDURE CODE FOR GLIADEL WAFER IMPLANTATION (E.G. 3EQ0005)

Azurity Pharmaceuticals, Inc. 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.

Please click to see the full [Prescribing Information](#).

