

## Claims Tracking Support Request Form

For claims tracking assistance, please complete this form and return via fax to Amgen Assist® at **1-877-877-6542**.

Upon Receipt, a Amgen Assist® coordinator will follow up with the payor(s) to obtain the status of the claim.

### New and Existing Patients

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

Patient Record ID: PP \_\_\_\_\_

If available, Patient Record ID can be found on the upper right-hand corner of the Summary of Benefits

Copy of Claim Attached (check one):  Yes  No

### Provider Demographics (not required if patient is on file at Amgen Assist®)

Physician Name :

Site Name:

Site Street Address:

City, State and ZIP:

Site Phone Number: \_\_\_\_\_ Site Fax: \_\_\_\_\_

Site Contact for Claims Follow-up:

Contact Phone Number (if different than above):

Physician or Group NPI:

Tax ID:

Medicare PTAN Number (Medicare claims only):

**Attach Copy of Insurance Card** (primary and secondary, if applicable)

### Claim Information (Complete below OR fax copy of claim)

Prolia® (denosumab) HCPCS (J- Code) Code:

Prolia® Billed Amount:

Administration Code:

Administration Billed Amount:

Date of Service:

Date Claim Submitted to Payor:

Tracking Requested for (check one):  Primary Insurance  Secondary Insurance  All