

FERRING ASSURANCE

FERRING STANDS BEHIND THE SERVICES WE OFFER

If an office receives a positive coverage determination through a Ferring reimbursement support center and reimbursement is subsequently denied due to an inaccuracy by Ferring, Ferring will reimburse the acquisition cost of the product.*

*See below for eligibility and submission requirements. Offer not valid for products administered at an Ambulatory Surgery/Surgical Center.

ELIGIBILITY

Ferring will reimburse the acquisition cost to providers who administered a Ferring product and meet the following criteria:

- Benefits Investigation is completed through a Ferring reimbursement support center, with a positive determination of coverage.
- Claim is not reimbursed by the payer after subsequent appeals and investigation verifies the inaccuracy/error by Ferring.
- If a prior authorization (PA) or other submission is required, Ferring is not responsible for an office's failure to complete PA form/submission as required by payer. Ferring is also not responsible for payer errors or changes in coverage decisions.

PROCESS

- ✓ HCP submits a benefits investigation through a Ferring reimbursement support center and receives a positive coverage determination.
- ✓ HCP relies on positive coverage determination by Ferring and orders the product through the Ferring network of specialty distributors.
- ✓ The product is administered to patient and office bills for reimbursement. If the claim for reimbursement is denied, office submits an appeal.
- ✓ If the appeal is denied, contact the Ferring reimbursement support center which will investigate the claim denial and guide office through the appeals process.
- ✓ Office submits a 2nd appeal. If 2nd appeal is denied, Ferring will reimburse the full product acquisition cost based on verification of Ferring's inaccuracy/error in the benefits investigation process.
- ✓ HCP certifies that patient has not been billed or patient will be reimbursed if a copay has already been collected.