



DEXYCU[®]
(dexamethasone intraocular
suspension) 9%

The DEXYCU Assurance Program Request Form

Convenient assurance and reimbursement

The Explanation of Benefits (EOB) forms for the procedure(s) listed below have been provided to the DEXYCU Assurance Program for review. So that the DEXYCU Assurance Program can provide reimbursement support services for the listed procedure(s) and, if program requirements are met, provide acquisition cost reimbursement for commercially insured and Medicare Advantage patients, the Office Certification at the bottom of this form must be signed by either the physician or the administrator and faxed to the DEXYCU Assurance Program at **1-908-450-1701**.^{*} EOB forms, with all patient identification information redacted, must be faxed along with this completed form.

PROCEDURE INFORMATION

DATE OF SURGERY	PHYSICIAN NAME	AUTHORIZATION NUMBER	AUTHORIZATION DATE	INSURANCE CARRIER

Facility name: _____ License #: _____

Facility address: _____ DEA #: _____

Office Certification

My signature below certifies that the procedure(s) identified above was/were performed at this surgery center and that the information provided is, to the best of my knowledge, complete and accurate. I consent to EyePoint Pharmaceuticals' representatives and agents contacting me and this surgery center to confirm receipt of DEXYCU or to provide additional information about DEXYCU and the DEXYCU Assurance Program. I certify that I and this surgery center will not seek reimbursement from any third party for the support EyePoint provides for this procedure through the Assurance Program. I and this surgery center agree that EyePoint Pharmaceuticals may change or terminate any of the DEXYCU Assurance Program services at any time without notice.

Name/Title: _____ Contact email or phone number: _____

Signature: _____ Date: _____

Please fax completed and signed form to 1-908-450-1701.

DEXYCU Assurance Program services are subject to change without notice. The DEXYCU Assurance Program is valid ONLY for patients with commercial or Medicare Advantage (private or non-governmental) insurance. It is not valid for patients who are Government beneficiaries or whose prescription drugs are covered, in whole or in part, under Medicaid, Medicare, a Medicare Part D plan, TRICARE, CHAMPUS, Puerto Rico Government Health Insurance Plan, or any other state or federal healthcare program. Patients who become Government beneficiaries during their enrollment period will no longer be eligible for the program as of the date they become a Government beneficiary. Patients must be over the age of 18 and a resident of the United States. EyePoint does not guarantee reimbursement. Facility acquisition cost is determined after application of any discount. Any units for which claims have been made through the EyePoint AssistSM Assurance Program will not be applied toward the achievement of the Quarterly nor the Annual Volume Rebate minimum unit purchase thresholds.

^{*}Claims must be submitted within 1 year of date of surgery. Claims must be received by March 31, 2022.



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