

ACCOUNT SETUP FORM

CHECKLIST



Use this checklist to ensure all of your information is collected to complete your **Account Setup Form**. If information is missing, there may be delays in processing.

For existing accounts, this information will be used to extend your credit for ordering JELMYTO.

Please work with your UroGen® field representative for assistance.

Check the correct box to indicate

EXISTING CARDINAL SPECIALTY ACCOUNT

I DO NOT HAVE A CARDINAL SPECIALTY ACCOUNT/NEW SPECIALTY ACCOUNT

***NOTE: If your account only has a WAC account but needs a 340B account, please create a new 340B account.**

Account Name

(Legal entity that matches your State License, not your physical location name)

Existing Account Number

(For existing accounts only)

Ship-to Address

(Where medication will be received)

Billing Address

(Where invoices should be sent)

Billing Email Address

(Where invoices should be emailed)

Ship-to DEA Number

(Associated with the HCP with an address that matches the ship-to address)

***NOTE: Your DEA Number may be associated with your physician or hospital/ Site of Care. It must match your existing Ship-to address.**

Ship-to State Medical License Number

(From the HCP in your organization that is associated with the above DEA)

HIN (If applicable)

Billing/Invoice Contact Name

Email Address

Phone Number

Person Completing Form

Email Address

Phone Number

Please select/indicate the type of account you are requesting (required)

WAC or 340B (Hospital/IDN Only)

***NOTE: Community Urology is WAC.**

HRSA ID (If 340B eligible)

***NOTE: Hospital Entity only.**

DO YOU HAVE AN ACTIVE PATIENT WAITING?

Potential date of first treatment (required)

(Put "6 weeks" from today if no patient identified)

Number of patients per month (required)

(Put "1" if you are unsure)

Check box to agree to terms

Sign, Print Name, and Date

***NOTE: Please include current copies (PDFs) of your**

DEA License

State License

***NOTE: If the DEA Ship-to address does not match the address on your state license, Cardinal Health will reach out to you.**

Once completed, please email this form and additional paperwork to distribution@urogensupport.com.

PLEASE MAKE SURE ALL INFORMATION IS COMPLETE AND ACCURATE. CARDINAL HEALTH WILL USE THIS INFORMATION TO VALIDATE YOUR ACCOUNT.

