

JELMYTO CREDIT REQUEST FORM



Initiate a request for credit to your account by completing all information below. All claims for credit are subject to the applicable terms of UroGen's Return Goods Policy.

HUB ID: _____

Patient initials: _____ **Patient date of birth:** _____

Appointment date: _____

Did the patient receive treatment with JELMYTO? Yes No

Reason treatment did not occur: _____

Is your office requesting credit for this dose? Yes No

Do you confirm JELMYTO has been destroyed and discarded? Yes No

Attach proof of destruction, if applicable.

Site of Care

Date

Please read UroGen's Return Goods Policy carefully prior to completing and submitting this form. Once completed, email this form to UroGen Support at contact@UroGenSupport.com.

Note: Allow at least 20 business days for review of your credit request and to receive your credit memo from Cardinal Health via email. For questions regarding the status of your credit request, please contact Cardinal Health at 877-488-3569 or distribution@UroGenSupport.com.

NOTICE: Please do not include UroGen employees on this correspondence.