ACCOUNT SETUP FORM

SPECIALTY DISTRIBUTION FOR UROGEN® PRODUCTS



In order to receive UroGen products for your patients, you must have an account		Besse Medical/ Cencora	Cardinal Health	Select product(s):
with a Specialty Pharmaceutical Distributor (Besse Medical/Cencora or Cardinal Health).	USE MY EXISTING ACCOL	лит 🗌		JELMYTO
Please fill out this form in its entirety. Separate forms are needed for each distributor.	SET UP A NEW ACCOUNT			ZUSDURI
Note: A credit review and updated financial docur The specialty distributor will provide further instru		ed for some existin	g customers.	
FOR EXISTING AND NEW SPECIALT Please provide the following information: Account Name:				
Existing Account Number:				
(if applicable) Shipping Address:				
Billing Address:				
Billing Email Address:				
Shipping DEA Number: (Global Location Number (GLN):		
Shipping State Medical License Number:				
Billing/Invoice Contact Name:	lf applicable)			
Email Address: Phone Number:				
Person Completing Form:				
Email Address:		Phone Number: _		
Time Zone:				
The specialty distributor will use this information to	validate your accour	nt, making for a mo	re seamless c	ordering process.
Please select type of account you are requesting	g (required for Besse	e Medical/Cencora	and Cardinal	Health Specialty Account):
Please select class of trade: (select only one)		Please select all	that apply:	
Hospital-owned Clinic ASC C	outpatient Department	WAC	340B (Hospit	al/IDN Only)
Community-owned Clinic ASC C	outpatient Department	HRSA ID (if 340E	3 eligible):	
DO YOU HAVE AN ACTIVE PATIENT WAITIN	IG? YES NO	_	PARTNER Nout a pharmacy papresentative) and	reparation form (provided include it with this form.
Potential date of first treatment (required): Put "6 weeks" from today if no patient identified		Number of pa		onth (required): ut "1" if you are unsure
By checking this box and completing this form. 1. To purchase UroGen products exclusively. 2. Not to purchase UroGen products under a state of the	through your Besse Nany other agreement and authority to execupurchase UroGen proDEA number (if applindinal Health to share	Medical/Cencora or or arrangement ite this agreement ducts through Bes icable), and state lid	se Medical/Ce cense number	ncora or Cardinal Health, (if applicable) that has been
Signature	Print Name			Date

Once completed, please email this form to accountsetup@urogen.com.

For questions, contact Besse Medical/Cencora at 1-800-543-2111 or Cardinal Health at 877-488-3572.

BESSE MEDICAL/CENCORA OR CARDINAL HEALTH DISCLAIMER: Due to the detailed and thorough registration process, it may take approximately 15 business days for Besse Medical/Cencora or Cardinal Health to onboard your practice if you do not have an existing account. Once the account is established, you will be able to purchase specialty products and bill them to your Specialty Pharmaceutical Distribution (wholesale) account. You will be contacted to confirm details and complete a credit application during the account creation process. It is important for you to submit requests for additional documentation in a timely manner to avoid delays in setting up your account. Please ensure the shipping address provided on the form aligns with the licensure provided. For existing customers, a credit review and updated financial documents may be required. Besse Medical/Cencora or Cardinal Health will provide further instructions as needed.

PRIVACY NOTICE: For more information on what data we collect about you and how we use it, as well as information about the rights you may have under the California Consumer Privacy Act, please see our Privacy Policy available at www.urogen.com/privacy-policy.