

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 UroGen products. **Please work with your UroGen® field representative for assistance.**

Check the correct box to indicate

USE MY EXISTING CARDINAL SPD OR CENCORA/BESSE SPECIALTY ACCOUNT IF I DO NOT HAVE A CARDINAL SPD OR CENCORA/BESSE 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**
- CLASS OF TRADE**
Please select facility type indicating if it is hospital or community owned.
- 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.**
- Potential date of first treatment (required)**
- Global Location Number** (GLN [required])
- DO YOU HAVE AN ACTIVE PATIENT WAITING?**
- Number of patients per month (required)**
(Put "1" if you are unsure)
- Pharmacy Partner Needed**
Select "Yes" if you will require drug preparation services from one of UroGen's pharmacy partners. Check "No" if your facility will be responsible for drug preparation.
- 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, your distributor will reach out to you.**

- Once completed, please email this form and additional paperwork to accountsetup@urogen.com.**

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

