

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

**EXISTING CARDINAL SPD OR CENCORA/BESSE SPECIALTY ACCOUNT
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**

- ☐ **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)**
- ☐ **DO YOU HAVE AN ACTIVE PATIENT WAITING?**
- ☐ **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, 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.

