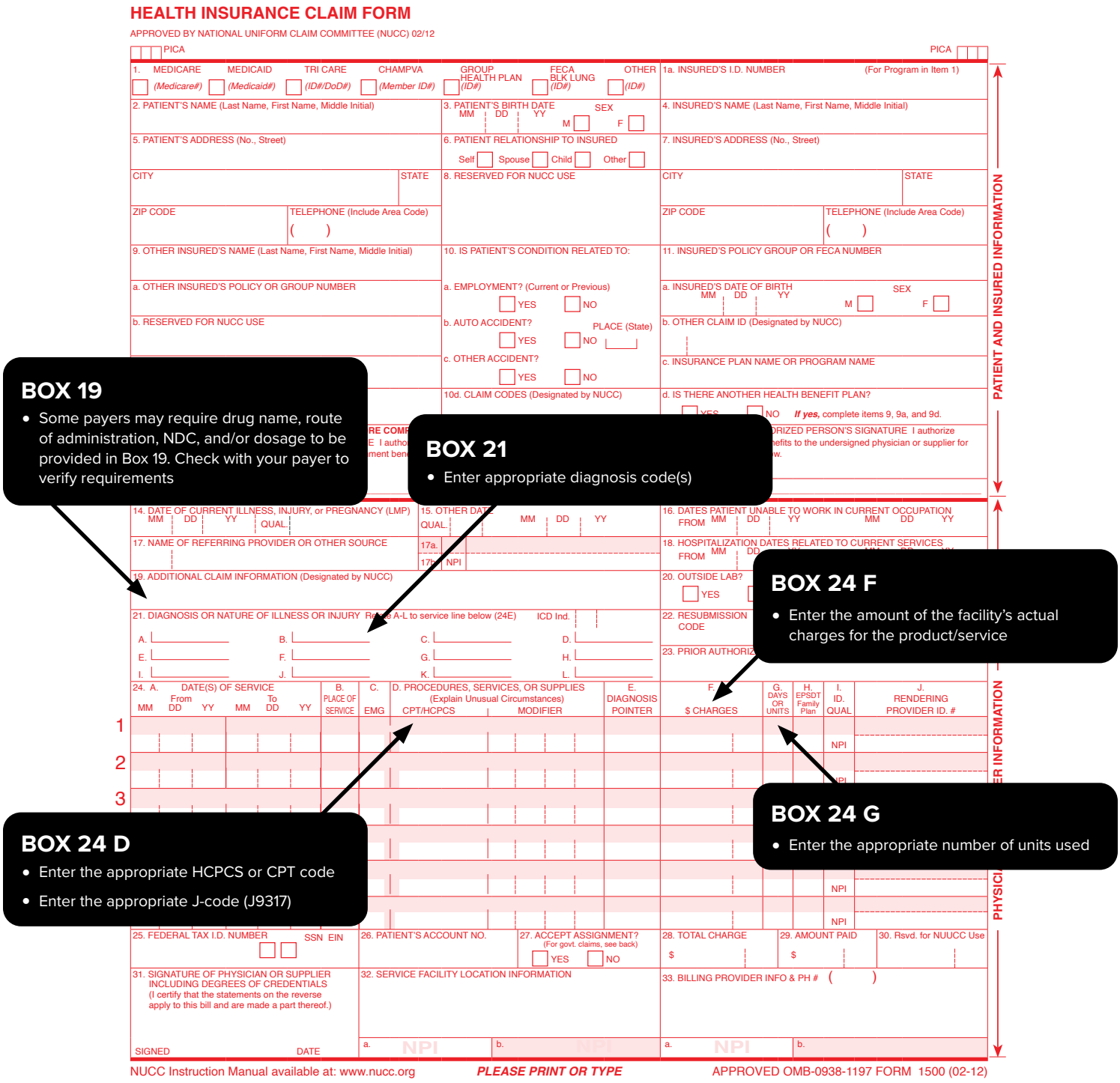
Sample CMS-1500 Claim Form for Office Billing



BOX 19

- Some payers may require drug name, route of administration, NDC, and/or dosage to be provided in Box 19. Check with your payer to verify requirements

BOX 21

- Enter appropriate diagnosis code(s)

BOX 24 F

- Enter the amount of the facility's actual charges for the product/service

BOX 24 G

- Enter the appropriate number of units used

BOX 24 D

- Enter the appropriate HCPCS or CPT code
- Enter the appropriate J-code (J9317)

Gilead Sciences, Inc. cannot guarantee payment of any claim. Coding, coverage, and reimbursement may vary significantly by payer, plan, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. For additional information, customers should consult with their payers for all relevant coding, reimbursement, and coverage requirements. It is the sole responsibility of the provider to select the proper code and ensure the accuracy of all claims used in seeking reimbursement. All related services must be medically appropriate and properly supported in the patient's medical record.