





## Basic Instructions for Completing the Genentech® Statement of Medical Necessity (SMN)

### Patient Insurance Information

- Please check the appropriate boxes to reflect the patient's insurance status.  
\*\*Please note: Genentech Access to Care Foundation provides services for patients who are uninsured or rendered uninsured due to payer denial.\*\*
- If this section is completed, it is not necessary to provide a separate written confirmation of the patient's insurance status or eligibility for other public health insurance programs.

### Patient Medical Information

- Please check the appropriate product box to indicate the patient's therapy.
- Please complete all sections as appropriate.

### Patient Rx Information

- Please complete all sections that apply.

### Shipping Instructions

- Indicate where you would like the product to be shipped if the patient meets Genentech Access to Care Foundation medical and income criteria.
- If the shipping location is the same as the address information indicated in the Facility/Physician Information section, write "Same" for all applicable fields.

**Reminder: This form cannot be processed without a physician's signature and date as well as a signed and dated Patient Authorization and Notice of Release of Information (PAN) form. Genentech Access to Care Foundation cannot provide product for your patient without a signed and dated PAN form.**

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