[TREATMENT CENTER LETTERHEAD]

[Payer/Insurance Company Name]

[Payer/Insurance Company Address]

Attention: Provider Relations/Cell Therapy Contracting

[Payer Contact Name]

[Date]

**Re: New Cell Therapy Plans –** [Product Name] **Reimbursement**

This letter is to inform your provider contracting team that [Treatment Center Name] is [currently onboarding to become/is designated as] an authorized treatment center for [Product Name]. Our physicians are planning to offer [Product Name] as an important treatment option per its approved indication, as reviewed and approved by the FDA.

**[Product Name] Overview**

* [Mechanism of action/type of cell therapy]
* [FDA review status/approval date]
* [Investigated use(s)/FDA-approved indication(s)]
* [Unmet patient population needs]
* [Pivotal clinical trial(s)]
* [Key treatment process phases and unique treatment schedule considerations]
* [Expected setting(s) of care]
* [FDA requirements for REMS, if applicable]
* [List price, if available]

[Payer Name]’s current approach to cell therapy coverage and reimbursement may need to be
re-evaluated in consideration of the [Product Name] treatment process. [Treatment Center Name] is seeking to initiate discussions with [Payer Name] regarding reasonable coverage and reimbursement of [Product Name] in order to ensure prompt patient access to treatment.

**Reimbursement Arrangement Considerations for** **[Product Name]**

* [Episode of care parameters and related services]
* [Product administration schedule and number of infusions]
* [Post-infusion monitoring requirements/protocol]
* [Potential setting of care scenarios]

We are looking forward to engaging in [Product Name] coverage and reimbursement discussions with designated [Payer Name] representatives.

Sincerely,

[Designated Treatment Center Staff Name and Title]

[Designated Treatment Center Staff Contact Information]

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