

SAMPLE:

This letter is only intended as a TEMPLATE Letter of Intent.
INSTRUCTIONS: MUST BE ON HCP'S LETTERHEAD AND MUST BE
COMPLETED AND SUBMITTED BY THE HCP.

[Treatment Center Letterhead]

[Date]

[Payer/Insurance Company Name]

[Payer/Insurance Company Address]

Attention: Provider Network Relations/CAR T Contracting

Re: New Cell Therapy Plans—[Product Name] Reimbursement

[Dear Name:/To whom it may concern:]

This letter is to inform your provider contracting team that the care team at [Treatment Center Name] intends to offer [CAR T Product Name] as an important treatment option per its approved indication(s), as reviewed and approved by the FDA.

Existing terms of our agreement may not extend to the coverage and reimbursement of [CAR T Product Name]. To ensure treatment access for appropriate [Payer Name] members, [Treatment Center Name] would like to initiate discussions regarding reimbursement for [CAR T Product Name] and related services.

[CAR T Product Name] Overview

[Consider including a brief product description, with the following details]

- FDA review status/approval date
- Unmet patient population needs
- Pivotal/registrational clinical trial(s)
- Key treatment phases with expected setting(s) of care
- List price, if available

[Treatment Center Name] Care Team and Its CAR T Experience

[Include any information regarding your treatment center and care team's relevant experience with CAR T-cell therapy, which may include but are not limited to]

- Description of the designated CAR T-cell therapy service
- Treating provider and/or treatment center experience with FDA-approved CAR T-cell therapies (eg, number of years, patient volume)
- Participation in CAR T clinical trial(s)]

Reimbursement Considerations for [CAR T Product Name]

[State proposed reimbursement terms/key considerations for treatment with [CAR T Product Name]. If case rate reimbursement applies, consider including the following]

- Episode of care parameters with included services and estimated duration
- Applicable setting(s) of care
- [CAR T Product Name] carve-in or carve-out and related terms
- Proposed base rate and outlier terms]

[Treatment Center Name] is looking forward to engaging in a discussion about the reimbursement approach for [CAR T Product Name] and related services with designated [Payer Name] representatives.

Contact our treatment center at:

[Designated Treatment Center Staff Name and Title]

[Designated Treatment Center Staff's Phone, Email, and Address]

This letter is provided as an example for your background information and is not intended to be directive, nor should it be construed as clinical or reimbursement advice. Physicians should exercise medical judgment and discretion to appropriately diagnose and characterize the individual patient's medical condition. In addition, healthcare providers are responsible for ensuring the accuracy and validity of all billing and claims for appropriate reimbursement.

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