

**Eligible Privately Insured  
or CASH Patients**

**Save money every month  
on CONTOUR<sup>®</sup>NEXT test strips\***

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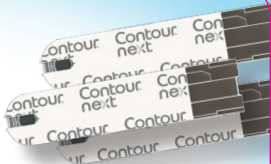
**CHANGE HEALTHCARE**

BIN# 004682

PCN# CN

GRP# EC15701139

ID# 69334342857



**Contour<sup>®</sup>**  
**CHOICE**

\*See back and brochure for details and restrictions

 **ASCENSIA**  
Diabetes Care

**Contour.next**  
Portfolio

\*Valid for up to 12 uses through 6/30/2020. **ELIGIBLE PRIVATELY INSURED PATIENTS** pay the first \$15. Card covers up to \$35 of remaining copay on Rx of 300 test strips or less. **CASH PATIENTS** pay the first \$15 and can save up to \$66 on 100 count test strips. Excludes 35 and 70ct. test strips. **PATIENTS** are responsible for any remaining balance after discount is applied. Patients pay all applicable taxes and fees.

**RESTRICTIONS: Offer not valid for prescriptions reimbursed under Medicaid, Medicare drug benefit plan, Tricare or other federal or state health programs (i.e. medical assistance programs).** If patient is eligible for drug benefits under any such program, offer not valid. Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. **Visit [ContourChoice.com](http://ContourChoice.com) for additional details and Restrictions.**

**Patient:** BY USING THIS CARD, YOU UNDERSTAND AND AGREE TO COMPLY WITH THE RESTRICTIONS. YOU ALSO CERTIFY THAT YOU WILL COMPLY WITH ANY TERMS OF YOUR HEALTH INSURANCE CONTRACT REQUIRING THAT YOUR PAYOR BE NOTIFIED OF THE EXISTENCE AND/OR VALUE OF THIS OFFER.

**Pharmacist:** By applying this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription, and that you will comply with the Restrictions. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider.

**Pharmacist instructions for a patient with an Eligible Third Party:** Submit claim to the primary Third Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). Patient is responsible for the first \$15 of the copay, and all remaining balances, charges and taxes after discount is applied. Reimbursement will be received from **CHANGE HEALTHCARE**.

**Pharmacist instructions for a cash paying patient:** Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (e.g. 1) is required. Patient is responsible for the first \$15 and any remaining balances, charges and taxes after discount is applied and can save up to \$66 on 100 count test strips. Reimbursement will be received from **CHANGE HEALTHCARE**.

Valid Other Coverage Code required. For any questions regarding **CHANGE HEALTHCARE** online processing, please call the Help Desk at 1-800-422-5604. **Offer expires 6/30/2020.**

**Void where prohibited by law. This offer cannot be combined with any other offer. Ascensia Diabetes Care reserves the right to cancel or change this offer at any time and without notice.** For Questions call 1-855-226-3931.

Program managed by ConnectiveRx on behalf of Ascensia Diabetes Care.

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