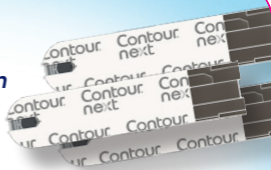


NOW Privately Insured or CASH

The **ONLY** program that instantly saves you money every month on **CONTOUR®NEXT** test strips*



Powered by:
CHANGEHEALTHCARE

Contour
CHOICE

BIN# 004682
PCN# CN
GRP# EC15701123
ID# 09137109634

*See back and brochure for details and restrictions

 **ASCENSIA**
Diabetes Care

Contour next
Portfolio

* Valid for up to 12 months of refills through 6/30/2019. **ELIGIBLE PRIVATELY INSURED PATIENTS** pay the first \$15 of co-pay 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.

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. See attached brochure or visit ContourChoice.com for additional benefit details and Restrictions. Void where prohibited. For Questions: Call 1-855-226-3931.

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 and the card covers up to \$35 of remaining co-pay on prescriptions of 300 test strips or less. For quantities over 300 test strips, patient contributions and card benefits increase accordingly – up to \$45 and \$105 respectively. 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 can save up to \$15 on 25 count, save up to \$33 on 50 count, or 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 6/30/2019.**

Program managed by ConnectiveRx on behalf of Ascensia Diabetes Care.

 **ASCENSIA**
Diabetes Care
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