

PAY NO MORE THAN
\$10.00*



***Attention Patient:** Patient is responsible for the first \$10. If your co-pay or pharmacy bill exceeds \$10, present this certificate to the pharmacist for an instant rebate of up to a maximum of \$40. If your total out-of-pocket pharmacy bill exceeds \$50, you will be responsible for the additional balance. Not valid with any other offer.

Claims Processor: SimpleSaveRX	Person Code: 01
BIN #: 017290	Group#: X7790
Rx PCN #: 55101202	Cardholder ID#: 1001001

Remember to restore patient profile to Primary PBM after claim submission.

Dear Pharmacist:

SimpleSaveRX has been authorized to reimburse you up to a \$40.00 patient rebate when processing this certificate if accompanied by a prescription for TriStart™ One Prenatal Supplement, or TriStart™ DHA Prenatal Supplement. This claim may be submitted electronically through SimpleSaveRX or by mail. For reimbursement, please follow the instructions listed below. Retain the certificate and file with the prescription for auditing purposes.

Not valid with any other offer. One certificate per pharmacy visit.

This claim may be submitted one of the following three ways:

1. This claim may be submitted electronically through SimpleSaveRX. Submit all claims in NCPDP standard O.0. Secondary processing should follow NCPDP standards for Copay Only billing (other coverage code 3, 4 or 8); or in some cases using Coordination of Benefits processing, dependent on your pharmacy software requirements. Retain the certificate and file with the prescription for auditing purposes. If you have any questions regarding electronic submission, please call the **SimpleSaveRX Pharmacy/Processing Help Desk at 844-SAVE4RX (844-728-3479)**.

OR

2. If you are unable to transmit this claim electronically, please process under your standard format for a "paper claim" submission. Paper claims are to be submitted to **SimpleSaveRX, 3350 N Arizona Ave, Ste. 2, Chandler, AZ. 85225**

OR

3. If you are unable to process this claim electronically or through your standard "paper claim" format, please return the voucher to the patient and instruct the patient to mail this voucher, along with the copy of their pharmacy prescription receipt (cash register receipts are not accepted), and their return address, to **SimpleSaveRX, 3350 N Arizona Ave, Ste. 2, Chandler, AZ. 85225** for prompt payment of their rebate.

This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, or any other federal or state program, or where prohibited by law. Where third-party reimbursement covers a portion of your prescription, this coupon is valid only for the amount of your actual out-of-pocket expenses, up to a maximum of \$40 for TriStart™ One, or TriStart™ DHA. Offer valid only for prescriptions filled in the United States. Carwin Pharmaceutical Associates reserves the right to discontinue this offer at any time.

It is a violation of federal law to buy, sell, or counterfeit this certificate.

To Ensure Reimbursement, you will need:

- Bin#, Group#, Cardholder ID#, and Rx PCN # (use **PINK** numbers above)
- Standard prescription information
- Person code **Enter 01**.

Remember to restore patient profile to Primary PBM after claim submission.

Call **844-SAVE4RX (844-728-3479)** with processing questions



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