

PATIENTS PAY
NO MORE THAN

\$10*

RYVENT™

(Carbinoxamine Maleate Tablets 6mg)

***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 \$50 for insured patients, or up to a maximum of \$125 for cash patients. If your total out-of-pocket pharmacy bill exceeds \$50 or \$125, you will be responsible for the additional balance. Not valid with any other offer.

**DETACH SAVINGS CARD BELOW AND
KEEP FOR ALL FUTURE REFILLS**

Patients Pay No More Than **\$10***

RYVENT™

(Carbinoxamine Maleate Tablets 6mg)

Processor: **SimpleSaveRx**
BIN #: **017290**
Rx PCN #: **55101202**

Group #: **X7790**
Person Code: **01**
Cardholder ID#: **1001001**

Dear Pharmacist:

SimpleSaveRx has been authorized to reimburse you up to the maximum savings benefit when processing this certificate if accompanied by a prescription for RyVent™ (Carbinoxamine Maleate Tablets 6mg). For all insured patients (**OCC 8**), the initial co-pay is \$10 and they will receive a maximum benefit of up to \$50. For cash patients and insured not covered patients (**OCC 0/1 and OCC 3**), patient must pay the first \$10 and are then eligible to receive a maximum benefit of \$125. Only valid on RyVent™ Rx presented with at least 30 pills. This claim may be submitted electronically through SimpleSaveRx, by mail, or by fax. 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 0.0. Secondary processing should follow NCPDP standards for Copay Only billing (other coverage code 3 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 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, you may fax the voucher and pharmacy prescription receipt (cash register receipts are not accepted) to **480-444-1449**.

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 \$50 for RyVent or for cash patients, up to \$125 for RyVent. 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 BLUE numbers on reverse side**)
- 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.

RVT-031-0618

Dear Pharmacist: SimpleSaveRx has been authorized to reimburse you up to the maximum savings benefit when processing this certificate if accompanied by a prescription for RyVent™ (Carbinoxamine Maleate Tablets 6mg). For all insured patients (**OCC 8**), the initial co-pay is \$10 and they will receive a maximum benefit of up to \$50. For cash patients and insured not covered patients (**OCC 0/1 and OCC 3**), patient must pay the first \$10 and are then eligible to receive a maximum benefit of \$125. Only valid on RyVent™ Rx presented with at least 30 pills. This claim may be submitted electronically through SimpleSaveRx, by mail, or by fax. For reimbursement, please follow the instructions listed below. Retain the certificate and file with the prescription for auditing purposes.

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- Standard prescription information
- Person code **Enter 01**

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

RVT-031-0618