

Instant Savings Card

\$0 CoPay*

*Up to a \$60 savings on your first fill



OBComplete[®]
Prenatal Dietary Supplement



OBComplete[®]
Petite
Prenatal Dietary Supplement



OBComplete[®]
One
Prenatal Dietary Supplement



OBComplete[®]
Premier
Prenatal Dietary Supplement

TO THE PATIENT: Take the attached card along with your prescription to your pharmacist and pay \$0 on your first fill. And on your next 10 refills you pay the first \$10, and we'll pay the rest up to \$20.

Please present this card when dropping off the prescription.



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and we'll pay the rest up to \$20.

Emdeon
Therapy First Plus

BIN: 004682
PCN: CN
GRP: EC64001005
ID: 38599041430



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Pharmacist Instructions

This card is valid for up to a total of 11 uses for each of these products: OB Complete® Petite, OB Complete® One and OB Complete® Premier.

For a patient with an Eligible Third Party:

Submit the claim to the primary Third Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer as a copay only billing using a valid Other Coverage Code, (e.g. 8). On the first fill the offer is a \$0 copay up to \$60. On the remaining 10 refills the patient is responsible for the first \$10 and the card will cover up to \$20 of their copay. Reimbursement will be received from **Therapy First Plus**.

For Cash Paying Patients:

Submit this claim to **Therapy First Plus**. A valid Other Coverage Code (e.g. 1) is required. On the first fill the offer is a \$0 copay up to \$60. On the remaining 10 refills the patient is responsible for the first \$10 and the card will cover up to \$20 of their copay. Reimbursement will be received from **Therapy First Plus**.

Valid Other Coverage Code required.

For any questions regarding **Therapy First Plus** online processing, please call the help desk at **1-800-422-5604**. Patients with questions should call **1-855-497-8460**.

Program Rules— Eligibility, Terms & Conditions:

This Instant Savings Card is not valid for prescriptions reimbursed under a federally funded healthcare program, including Medicare or Medicaid or similar federal or state assistance programs. Manufacturer reserves the right to rescind, revoke, or amend this offer without notice. Card may not be copied or duplicated. No generic substitution with this offer.



OBCPOS07201401-02

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