

Pay as little as

\$10.00*

*Save up to \$50 per 30-day fill
See reverse for terms and conditions.

on these Prenatal Dietary Supplements



OBComplete[®]
Petite
Prenatal Dietary Supplement



OBComplete[®]
Premier
Prenatal Dietary Supplement



OBComplete[®]
One
Prenatal Dietary Supplement

AND

CORVITE[®]FE

TO THE PATIENT: Take the attached card along with your prescription to the pharmacist and pay the first \$10 and we will pay the rest up to \$50 for a 30-day supply. For a 60-day supply, you pay the first \$20 and we pay up to \$100. For a 90-day supply, you pay the first \$30 and we pay up to \$150.

Please present this card when dropping off the prescription.



Instant Savings Card

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CORVITE[®]FE



CHANGE HEALTHCARE

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

Pharmacist Instructions

This card is valid for up to 12 uses for each of these products: **OB Complete® Petite, OB Complete® One, OB Complete® Premier and Corvite® FE.**

For a patient with an Eligible Third Party:

Submit the 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). The patient pay amount for a 30-day supply will be reduced up to \$50 (after the patient pays the first \$10). The patient pay amount for a 60-day supply will be reduced up to \$100 (after the patient pays the first \$20). For a 90-day supply, the patient pay amount will be reduced up to \$150 (after the patient pays the first \$30). Reimbursement will be received from **CHANGE HEALTHCARE. Valid other coverage code required**

For Cash Paying Patients:

Submit this claim to **CHANGE HEALTHCARE**. A valid Other Coverage Code (e.g. 1) is required. The patient pay amount for a 30-day supply will be reduced up to \$50 (after the patient pays the first \$10). The patient pay amount for a 60-day supply will be reduced up to \$100 (after the patient pays the first \$20). For a 90-day supply, the patient pay amount will be reduced up to \$150 (after the patient pays the first \$30). 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**. Patients with questions should call **1-855-497-8460**.

Program Rules - Eligibility, Terms & Conditions:

This offer is valid in the United States. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this offer. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Program managed by ConnectiveRx on behalf of Vertical Pharmaceuticals, LLC. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.



PM-US-OBCPNV-0008

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