

Saving on iron supplements is easy...



CORVITE® FE is a professionally prescribed hematinic multivitamin/multimineral dietary supplement used to improve the nutritional status of patients with iron deficiency

My **CORVITE® FE** Savings Offer

Pay as little as
\$10*



Change Healthcare
BIN# 004682 GRP# WCOBC7308
PCN# CN ID# 73121938284

*Save up to \$50 per 30-day full after you pay the first \$10. See below for terms and conditions.

**Simply present this offer when dropping off your prescription AND SAVE!†
*NO Activation Required.***

Just pay the first \$10 and we 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

†See below for terms and conditions

For Important Safety Information including BOXED WARNING, please see <https://verticalpharma.com/vertical-products/corvite/>

Pharmacist Instructions

This card is valid for up to 12 uses for 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 1-800-433-4398. Patients with questions should call 1-844-727-5540.

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. Vertical Pharmaceuticals, LLC reserves the right to rescind, revoke, or amend this offer without notice at any time.