

Instant Savings Pay No More Than **\$50***

Rx Only

PROCORT[®]

1.85% hydrocortisone acetate – 1.15% pramoxine HCl

Claims Processor: SimpleSaveRx **BIN #:** 017290
Rx PCN #: 55101202 **Group #:** X8350 **Person Code:** 01
Cardholder ID #: 835050001001

**Fast Acting,
Long Lasting Relief**

*Twice the Value of Other
Rx Hemorrhoid Creams***

Patient Instructions:

1. Get a Valid Prescription.

Ask your doctor for a prescription for ProCort.

2. Fill Your Prescription. Take this coupon and your prescription for ProCort to your pharmacy.

3. Receive Your 60g ProCort Kit for no more than \$50 for eligible insured patients, \$75 for all other eligible patients.



* This coupon is good for unlimited refills. Discounts can be applied to each prescription for one (1) ProCort Kit. Eligible commercially insured patients pay no more than \$50 co pay per prescription. All other eligible patients pay no more than \$75 per prescription. See eligibility and other requirements on back of coupon.

** 2.12 oz ProCort[®] vs. 1 oz Analpram HC[®] vs. 1 oz Proctocream[®] HC

DEAR PHARMACIST: SimpleSaveRx has been authorized to reimburse you per your contracted rate plus a maximum benefit paid with this co-pay coupon. Remember to restore patient profile to primary PBM after claim submission.

This claim may be submitted electronically through SimpleSaveRx using the processing numbers on the front of this co-pay coupon or by mail. Submit all electronic claims in NCPDP Standard D.0. Secondary processing should follow NCPDP standards for Co-Pay Only billing (other coverage code 3 or 8) or by using Coordination of Benefits processing.

Mail claims should go to SimpleSaveRx, 3350 N Arizona Ave, Ste. 2, Chandler, AZ 85225 along with the copy of the pharmacy prescription receipt (cash register receipts are not accepted), and the return address. Retain a copy of this co-pay coupon and file with the prescription for auditing purposes. For expedited processing, Fax coupon and Rx receipt to: 480-444-1449.

Call the SimpleSaveRx Help Desk at 1-844-SAVE4RX (844-728-3479) for processing questions.

ELIGIBILITY: Patients are eligible for this coupon savings if they present a valid prescription for ProCort and if they pay either through commercial insurance or cash. This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, TriCare 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 the maximum benefit allowed per this program. This offer is not insurance and offer is valid only for prescriptions filled in the United States.

TERMS OF USE: Eligible patients with a valid prescription for ProCort who fill their prescription at participating pharmacies will pay no more than \$50 or up to a maximum amount of \$75 for uninsured or all other eligible patients. Other restrictions may apply. Patient is responsible for applicable taxes, if any. Womens Choice Pharmaceuticals reserves the right to rescind, revoke or amend this offer without notice. It is a violation of federal law to buy, sell, or counterfeit this certificate. Pharmacy Help Desk, Call 1-844-728-3479.

