

# WEB COUPON PAY AS LITTLE AS \$5

Pay up to the initial \$5 and receive up to  
\$125 off your out of pocket expense.

**BIN:** 610020    **GROUP:** 99992183    **ID:** 67835556210

## HOW THE KRISTALOSE<sup>®</sup> WEB COUPON WORKS:

- Pay the initial \$5, and you could receive up to \$125 off your 30 day supply of Kristalose<sup>®</sup>.
- You may pay more than \$5 if your co-pay exceeds \$130.
- Go to [www.Kristalose.com](http://www.Kristalose.com) for more information.
- For assistance with the Kristalose<sup>®</sup> Web Coupon, contact 1-855-584-6194.
- This offer is good for a one time use.

## MAIL-IN REBATE

If your pharmacist is unable to provide the co-pay or co-insurance savings at the time you fill your prescription, you can still take advantage of this program if eligible.

- Complete this form with your name and address.
- Circle the product name, date, your name, and amount paid on the original pharmacy receipt. Cash register receipt NOT accepted.
- Mail this form, your pharmacy receipt, and a copy of your Kristalose<sup>®</sup> Instant Savings Card to:

**Kristalose<sup>®</sup> Instant Savings Program**  
2250 Perimeter Park Drive, Suite 300  
Morrisville, North Carolina 27560

- In 10-14 business days, you will receive a check in the mail.

FIRST NAME

LAST NAME

ADDRESS

SUITE/APT #

CITY

STATE

ZIP

SIGNATURE

DATE

By my signature, I certify that I meet the Eligibility Criteria listed on this certificate.

**TO PATIENT:** Present this card with a prescription for at least a 30 day supply of Kristalose<sup>®</sup> to your pharmacy to receive up to \$125 off your prescription provided you pay the first \$5 of out of pocket expenses. You could pay more than \$5 if your co-pay or retail cost exceeds \$130. This offer is good for a one time use. You may receive and redeem a new offer after one month. For questions, please call 1-855-584-6194.

**TO PHARMACIST:** For Insured Customers: Process a Coordination of Benefits (COB) transaction using your customer's prescription insurance for the primary claim and PDMI using BIN: 610020 for the secondary claim. The secondary claim will cover up to \$125 off your customer's out-of-pocket expense.

For processing questions, please call 1-855-584-6194.

For Uninsured Customers: Submit claim for Kristalose<sup>®</sup> to PDMI using BIN: 610020. Your customers will receive up to \$125 off their out-of-pocket expense.

**ELIGIBILITY AND RESTRICTIONS:** Offer NOT valid for prescriptions that may be reimbursed under a federal or state healthcare program, including Medicare, Medicaid, or any other similar federal or state health care program, including any state pharmacy assistance program. Offer valid for one time use. Offer NOT valid on prescriptions of less than a 30 day supply, or if another offer has been redeemed within 25 days. This offer may be restricted, revoked or amended without notice. Patient is responsible for notifying any third party payer about any rebate or discount they receive on their prescription purchase. VOID in any state where rebates are prohibited by law, taxed or otherwise restricted. Patient may not combine this offer with any other rebate, coupon, free trial, or similar offer. This card is only valid for single use. This card has scaled benefits; with the minimum payment of \$5, \$10, or \$15 patients will receive up to \$125, \$250, or \$375 benefit for 30-59, 60-89, or 90 day supply of Kristalose<sup>®</sup>.