



Thank you for registering for the Mayne Pharma Patient Savings Card. The activated card below can be used immediately.

Mayne Pharma Patient Savings Card

***Most eligible patients pay**

\$0

monthly for their prescription

**BIN: 610020
GROUP: 99992499
ID: 77533419108**

*Restrictions apply. Out of pocket costs may vary. See reverse side for eligibility criteria.

This offer is valid for 6 prescriptions.

If you have questions about how to use your Mayne Pharma Patient Savings Card, please call:

1-877-324-6082

Please note that this is your permanent card and one will NOT be mailed to the address you have provided. Be sure to use this card every time you refill your Mayne Pharma Patient prescription.

***If a patient is insured but their primary payer rejects the initial claim, please run the claim as an OCC 3 with the Payer Reject Code. Please see terms and conditions below.**

Benefit Description: Commercially insured patients who are covered for their prescription may pay a \$0 copay. Commercially insured patients will have a minimum out of pocket expense depending on the medication and quantity dispensed. The patient benefit is calculated on a per pill basis and is different depending on the drug dispensed. Any cost not covered by this benefit will be the patient's responsibility.

Patient Instructions: Keep this card to receive future savings on your prescription. This card is only good for 6 prescriptions; however, you are eligible for another card as long as you continue to meet eligibility requirements.

Pharmacist Instructions: Process a coordination of benefits (COB/split bill) claim using patient's prescription insurance for PRIMARY claim. Submit SECONDARY claim to PDM under BIN: 610020. For help processing this card, call 1-877-324-6082.

Terms and Conditions: Offer not valid for prescriptions that may be reimbursed under a federal or state healthcare program, including Medicare, Medicaid, or any other federal or state healthcare programs, including any state medical pharmaceutical assistance programs. If there are any questions, please call 1-877-324-6082. Patient, pharmacist, and prescriber agree not to seek reimbursement for any part of the benefit received by the patient through this offer. Pharmacist agrees that the Mayne Pharma Savings Card may only be used for purchases directly from Mayne Pharma or authorized wholesaler. Offer good only in the USA and void where prohibited or otherwise restricted by law. *For Massachusetts and California residents, the Co-pay Card is not valid for any prescription drug that has an AB rated generic equivalent as determined by the United States Food and Drug Administration. For Massachusetts residents, this program shall expire on or before July 1, 2019.* Mayne Pharma Inc. reserves the right to rescind, revoke, or amend this program without notice.