

# Pay No More Than \$25\*

Nestabs<sup>®</sup> DHA

fem<sup>®</sup> pH<sup>™</sup>

Nestabs<sup>®</sup> ABC

Irospan<sup>®</sup>  
24/6 TABLETS

Nestabs<sup>®</sup>

Urogesic<sup>®</sup>  
BLUE<sup>™</sup>  
Urinary Antiseptic/Antispasmodic

PROCORT<sup>®</sup>

Eligible patients pay no more than

**\$25** for each prescription.

Uninsured or cash paying patients

pay no more than **\$45** for each prescription.

\*Maximum benefit limits apply and are subject to change at any time.

Claims Processor **SimpleSaveRx** Person Code: **01**

BIN # **600471** Group # **X8350** Rx PCN# **7777**

Cardholder ID # **700100101**

Keep This Coupon Voucher For Savings On Future Refills  
Offer Expires: June 30, 2018

Please See Reverse Side for Pharmacy Instructions

WomensChoice<sup>®</sup>  
PHARMACEUTICALS

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**Attention Patient:** Present this coupon voucher to your pharmacist along with your insurance card and valid prescription of Nestabs®, Nestabs® DHA, Nestabs® ABC, Irospan® 24/6 Tablets, Urogesic Blue™, Procort® or Fem pH™. Keep this coupon voucher for future savings on your refill prescriptions.

**Attention Pharmacist:**

**Please restore patient profile to Primary PBM after claim submission. Not valid with any other offer. One certificate per pharmacy visit.**

SimpleSaveRx has been authorized to reimburse you up to the program maximum, which is subject to change, after Insured Patients pay the first \$25, and Cash Patients pay the first \$45. Any remaining amounts due after the use of this voucher are the responsibility of the patient. For reimbursement, please follow the instructions below.

**For Patients with Insurance:**

1. Submit the claim to the patient's insurance company first, as the "Primary Payer."
2. Then, submit any remaining balance due to SimpleSaveRx using this Savings Coupon, designating the coupon as a "Secondary Payer" using a COB (coordination of benefits) with patient responsibility and a valid "Other Coverage Code" (e.g. 8).
3. If the "Primary Payer" rejects the claim using an NDC Block, Step-Edit, or PA (prior authorization), keep the "Primary Payer" in place and submit Other Coverage Code 3 (other coverage exists, claim not covered). This coupon should still be applied as a "Secondary Payer," even if the primary payer rejects the claim. Note: Most software systems require inputting a "Other Payer Reject Code" in the Other Payer Reject Code Field during this COB segment, otherwise a rejection message may appear, preventing you from using this coupon successfully.
4. Variations to these steps may be required based on differing pharmacy software systems. For any questions related to this coupon, please contact SimpleSaveRx at 1-844-728-3479. For any system related questions or how to properly coordinate benefits, please contact your IT administrator.

**For Uninsured or Cash Paying Patients:**

Cash paying or uninsured patients can also receive savings from this program. After the patient pays the initial \$45, apply this savings coupon for additional savings.

- OR -

If you are unable to transmit this claim electronically, please process under your standard format for a "paper claim" submission. Paper claims are to be submitted to **SimpleSaveRx, 3350 N. Arizona Ave. Ste. 2 Chandler, AZ 85225.**

- OR -

If you are unable to process this claim electronically or through your standard "paper claim" format, please return the voucher to the patient and instruct the patient to mail this voucher, along with a copy of their pharmacy prescription receipt (cash register receipts are not accepted), and their return address, to **SimpleSaveRx, 3350 N. Arizona Ave. Ste. 2 Chandler, AZ 85225** for prompt payment of their rebate. For expedited processing, fax voucher and Rx receipt to: 480-444-1449.

This offer is not valid on prescriptions reimbursed under Medicare, Medicaid, or any other federal or state program, or where prohibited by law. Where third-party reimbursement covers a portion of the drug cost, this coupon is valid only towards the patient's actual out-of-pocket expense, up to the program maximum. Only Commercial Insurance is valid to qualify for the "Insured Patient" benefit. Pharmacy Discount or Cash Cards are not valid as the primary insurance. Offer valid only for prescriptions filled in the United States. Women's Choice Pharmaceuticals reserves the right to rescind, revoke or adjust this offer at any time. It is a violation of federal law to buy, sell, or counterfeit this certificate.

Call **1-844-728-3479** with processing questions.

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