

Pay No More Than
\$15*

triple therapy

Omeclamox-Pak[®]
omeprazole
clarithromycin
amoxicillin



Triple therapy simplified

Claims Processor **RESTAT** Person Code: **001**

BIN # **600471** Group # **X7031** Rx PCN# **7777**

Cardholder ID # **703102001001**

Attention Patient * If your co-pay or pharmacy for bill for Omeclamox[®]-Pak exceeds \$15, present this certificate to the pharmacist for an instant rebate of up to a maximum of \$375. If your total pharmacy bill exceeds \$15 plus \$375 you will be responsible for the additional balance. Not valid with any other offer.

Remember to restore patient profile to Primary PBM after claim submission.

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FSF10215

Dear Pharmacist:

Remember to restore patient profile to Primary PBM after claim submission.

RESTAT has been authorized to reimburse you up to \$375 plus an administration fee of \$4 for processing this certificate when accompanied by a prescription for Omeclamox[®]-Pak and allowing the patient up to a \$375 discount off your normal pharmacy charges, if the patient's co-pay exceeds \$15. This claim may be submitted electronically through RESTAT or by mail. For reimbursement, please follow the instructions listed below. Retain the certificate and file with the prescription for auditing purposes.

Not valid with any other offer. One certificate per pharmacy visit.

This claim may be submitted one of the following three ways:

1. This claim may be submitted electronically through Restat. Submit all claims in NCPDP standard D.0. Secondary processing should follow NCPDP standards for Copay Only billing (other coverage code 8); or in some cases using Coordination of Benefits processing, dependent on your pharmacy software requirements. Retain the certificate and file with the prescription for auditing purposes. If you have any questions regarding electronic submission, please call the RESTAT Help Desk at 1-866-450-3277.

OR

2. 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 **RESTAT, 11900 W Lake Park Drive, Milwaukee, WI 53224**.

OR

3. 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 the copy of their pharmacy prescription receipt (cash register receipts are not accepted), and their return address, to **RESTAT, 11900 W Lake Park Drive, Milwaukee, WI 53224** for prompt payment of their rebate.

This coupon is not valid for 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 your prescription, this coupon is valid only for the amount of your actual out-of-pocket expenses, up to a maximum of \$375. Offer valid only for prescriptions filled in the United States. Cumberland Pharmaceuticals reserves the right to discontinue this offer at any time. It is a violation of federal law to buy, sell, or counterfeit this certificate.

To Ensure Reimbursement, you will need:

- Bin #, Group #, Cardholder ID #, and Rx PCN # (use RED numbers on reverse side)
- Standard prescription information
- Person code Enter 001.

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Call **1-866-450-3277** with processing questions.