Valuable Savings Card

Save up to $250

See details and eligibility criteria.

The CitraNatal® family of products

Pharmacist: Submit this claim information to **Therapy First Plus:**

Bin: 004682
Group ID: LCJFT958
RxPCN: CN
ID#: JFT710007936

Save up to $250

This savings card can save you up to $20 on each of your next 10 prescriptions for any CitraNatal® product. **"Join the Family"** and save an additional $5.00 on your next 10 refills. Taking prenatal vitamins throughout pregnancy is important, and now there's help managing your health care costs when you need it most.

Dear Pharmacist: Therapy First Plus has been authorized to reimburse you up to $20.00 plus a handling fee after the patient's $10 minimum payment for processing this coupon when accompanied by a prescription for, CITRANATAL B-Calm®, CITRANATAL ASSURE®, CITRANATAL® 90 DHA, or CITRANATAL HARMONY®. For reimbursement, please follow instructions below: For a Patient Paying Cash: Please submit this claim to **Therapy First Plus**. A valid Other Coverage Code is required. The patient pay amount will be reduced by up to $ 20.00 and you will receive this in your next reimbursement from **Therapy First Plus** plus a handling fee. For a Patient Paying with an Authorized Third Party: Submit the claim to the Primary Third Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer patient responsibility amount billing, using Other Coverage Code Indication. The pay amount will be reduced by up to $20.00 after the patient's minimum $10 payment and you will receive this in your next reimbursement from **Therapy First Plus** plus a handling fee. Other Coverage Code Indication Required.

Eligibility Criteria: 1. This savings card is not valid for prescriptions purchased under Medicaid, Medicare, TRICARE, federal or state programs (including any state prescription drug programs), or private indemnity or HMO insurance plans which reimburse you for the entire cost of your prescription drugs. 2. Savings card is limited to 1 per patient for up to 10 uses per savings card and is not transferable. 3. Offer good only in the U.S. 4. Mission Pharmacal reserves the right to rescind, revoke or amend this offer without notice. 5. You understand and agree to comply with the terms and conditions of this offer as set forth above. **Void if prohibited by law, taxed or restricted.**

Pharmacists only: For any questions regarding **Therapy First Plus** online processing, please call the Help Desk at 1-800-422-5604. If your pharmacy is not part of the contracted network, please contact your headquarters and ask them to contact **Therapy First Plus**. I certify that I have received this savings card from an eligible person and have dispensed the product as indicated. I certify that my participation in this program is in compliance with all applicable state laws and my obligations, contractual or otherwise, that I have as a pharmacy provider. I also agree to retain the savings card for 3 years or as otherwise required by law, whichever is longer, and to grant Mission Pharmacal the right to audit any of my submissions.

Cannot be combined with any other offers. Mission Pharmacal reserves the right to rescind, revoke or amend this offer without notice.

Administered by MediMedia Health™

WARNING: Accidental overdose of **iron-containing** products is a leading cause of fatal poisoning in children under 6. KEEP THIS PRODUCT OUT OF THE REACH OF CHILDREN. In case of accidental overdose, call a doctor or poison control center immediately.

Available by prescription only. Please see Full Prescribing Information at **citranatal.com**.

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