Valuable Savings Card

Save up to $300 per year

Subject to eligibility. Restrictions apply. See reverse side.

The CitraNatal® family of products

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

Bin: 004682 RxPCN: CN
Group ID: LCJFT958 ID#: JFT778774080

Dear Pharmacist: Therapy First Plus has been authorized to reimburse you up to $25 plus handling fee for "Join the Family" members, after the patient's $10 minimum payment for processing this savings card when accompanied by a prescription for CitraNatal B-Calm®, CitraNatal Assure®, CitraNatal® 90DHA, CitraNatal Harmony®, CitraNatal® DHA, or CitraNatal® Rx. CitraNatal®basic™ is not included in this offer. 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 $25 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 $25 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 if the patient receives partial or full prescription drug coverage 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. You may use this savings card for CitraNatal if your non-coverage is verified, are paying cash, and no claim is submitted to Medicare. 2. Savings card is limited to 1 per patient 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. 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. Mission Pharmacal has the right to audit any of my submissions. Cannot be combined with any other offers.

CNF075R0915

Save up to $300 per year

This savings card can save you up to $20 on each CitraNatal® prescription product. **"Join the Family"** and save an additional $5 on each prescription. This savings card helps manage your health care costs when you need it most.

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.

Please see full Prescribing Information at **citranatal.com**.

CNF_T6101 R1015