

# Pay As Little As \$15\*

Commercially Insured Patients Only



Minimum 30 tablet prescription required.

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

BIN #: **600471** Group #: **X7630**

Rx PCN #: **7777** Cardholder ID #: **1001001**

**\*Attention Patient:** This offer is subject to the limitations explained here. This offer applies to commercially insured patients only. Offer is not valid for cash paying patients. This offer is not valid for prescriptions reimbursed under Medicare, Medicaid or any other federal or state program, or where otherwise prohibited by law. This offer applies only to this purchase of your prescription and does not apply to future prescriptions or refills.

This offer is valid only for the amount of your actual out of pocket expenses in excess of \$15. Present this certificate to the pharmacist for processing. The rebate you will receive will not exceed 30% of the average wholesale price (AWP) for the product as reported on Redbook. Ask your pharmacist for information on AWP for the product. If your out of pocket expenses exceed 30% of AWP for the product, you may pay more than \$15 for this prescription. You may also pay more than \$15 for the prescription in other instances, such as patients with prescription plan benefits that are based on an annual deductible.

Valid only in the United States. Not valid with any other offer. Pernix reserves the right to discontinue or amend this offer at any time. It is a violation of law to buy, sell or counterfeit this certificate.

Dear Pharmacist:

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

RESTAT has been authorized to reimburse you up to 30% of AWP for the product plus an administration fee of **\$2.00** for processing this certificate when accompanied by a prescription for SILENOR® 3 mg or 6 mg and allowing the patient up to 30% of AWP for the product discount off your normal pharmacy charges, if the patients out of pocket expenses exceed \$15 for this prescription. **Other limitations apply. Please carefully review the other limitations on the front of this certificate.** This claim may be submitted electronically through RESTAT or by mail. For reimbursement, please follow the instructions listed.

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 3, 4 or 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.

**To Ensure Reimbursement**, you will need:

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

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

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