

Save Up to \$50 on Your COMBIVENT RESPIMAT Prescription



Expiration Date: **12/31/2015**
RxBIN: **610524** RxPCN: **Loyalty**
RxGRP: **40007028** Issuer: **(80840)**
ID #: **590249206**

TO FIND OUT IF YOU ARE ELIGIBLE TO SAVE EVEN MORE ON YOUR PRESCRIPTIONS FOR COMBIVENT RESPIMAT, VISIT WWW.COMBIVENT.COM TO REGISTER AND DOWNLOAD AN ADDITIONAL SAVINGS CARD.

To the Patient:

Offer only valid with a completed and signed prescription from your doctor for COMBIVENT RESPIMAT. If you have any questions regarding the offer, please call the Help Desk at 1-800-657-7613 (Monday-Friday 8:00 AM-8:00 PM EST, Saturday 9:30 AM-6:00 PM EST).

Offer Terms and Conditions:

Eligible patients 18 years or older may redeem this offer at participating pharmacies on or before 12/31/2015, for up to a maximum of \$50 off the co-pay amount for one valid monthly prescription for COMBIVENT RESPIMAT, with total savings not to exceed co-pay amount. If you live in Massachusetts, offer expires on the earlier of 12/31/2015, or date AB-rated generic equivalent is available. This offer is not health insurance, not transferable, and no substitutions are allowed. Limit one COMBIVENT RESPIMAT offer per patient during a 12-month period and cannot be combined with any other offer. Only valid for patients in the 50 US states, territories, DC, and Puerto Rico. Void where prohibited by law. Offer may change at any time, without notice. If you have any questions about this offer, please call the Help Desk at 1-800-657-7613.

To the Pharmacist:

Submit claim to McKesson Corporation using BIN #610524.

For pharmacy processing questions, please call the Help Desk at 1-800-657-7613 (Monday-Friday 8:00 AM-8:00 PM EST, Saturday 9:30 AM-6:00 PM EST).

Product must be dispensed pursuant to terms and conditions of this offer. Void where prohibited by law. No claim for reimbursement in part/whole for product dispensed pursuant to this offer may be submitted to any third-party payer, whether private, or government payer (like Medicare Part D, Medicaid, Vet. Aff., Dept. of Def., or Tricare), or submitted to count toward a patient's True Out-of-Pocket (TrOOP) cost. Submit claim to McKesson Corporation. Offer not valid if reproduced or submitted to any other payer. It is illegal for any person to sell, purchase, or trade, or offer to sell, purchase, or trade, or to counterfeit, this offer. Prescriber ID # required on prescription. McKesson retains the right to review all records and documentation relating to the filling/dispensing of product.



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