



Sonoma

PHARMACEUTICALS

A Relentless Passion For Healing

Pay As Little As \$30* Insured, Covered Patients
Pay As Little As \$50* All Other Patients

Claims Processor: RESTAT

BIN: 600471

RxPCN: 7777

RxGRP: X8010

Card ID: 200100101

Person Code: 01



See instructions on back of card.

*Up to program maximum, which is subject to change

Unlimited Uses

Instructions

Attention Patient: Present this certificate to the pharmacist for an instant rebate of up to the program maximum which is subject to change after insured and covered patients pay the first \$30 and uninsured pay the first \$50. Any additional charge by the pharmacy is the responsibility of the patient. Not valid with any other offer. Valid for unlimited uses.

Pharmacist: This claim may be submitted electronically through RESTAT using the information on the front of the card for any covered brand. Submit all claims in NCPDP standard D.0. Secondary processing should follow NCPDP standards for co-pay only billing or in some cases see Coordination of Benefit processing, other coverage –Code “8,” please use coverage code “3” if the patient’s insurance does not cover the brand dependent on your pharmacy’s software requirement. Pharmacy or customer mail-in claims may be sent to SimpleSaveRx, 3350 N Arizona Ave, Ste. 2, Chandler, AZ 85225 for prompt reimbursement. All mail-in claims All mail-in claims should include a duplicate pharmacy label or receipt along with a copy of the front of the customer savings card. Call the help desk at 1-844-728-3479 for processing questions. Offer not valid for Government Pay programs or where prohibited by law.

Restore patient’s profile to Primary PBM, if appropriate, after claim submission. Cannot be combined with any other offer. Only one coupon may be used per Rx.

