

Rx Only

Ferralet[®] 90
90 mg Dual-Iron Delivery

Pay as little as
\$20
on each prescription
Subject to eligibility. Restrictions apply.

Submit this claim/information to **McKesson Corporation**:

RxBin: 610524	RxPCN: Loyalty	
RxGRP: 50777328	ISSUER: (80840)	ID: 1102093004

To the Pharmacist: For Ferralet[®] submit transaction to McKesson Corporation using BIN #610524 for up to \$40 of the patient's out-of-pocket expenses after the patient pays an initial \$20 out-of-pocket expense. When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state or other governmental programs for this prescription.

· If primary coverage exists, input card information as secondary coverage and transmit using the COB segment of the NCPDP transaction. Applicable discounts will be displayed in the transaction response.

· Acceptance of this card and your submission of claims for the Ferralet[®] Savings Card program are subject to the LoyaltyScript[®] program Terms and Conditions posted at www.mckesson.com/mprstrnc.

For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript[®] program for Ferralet[®] 1-877-934-1122 (8:00 AM-8:00 PM EST, Monday-Friday). Patient is not eligible if prescriptions are paid in part or full by any state or federally funded programs, including but not limited to Medicare or Medicaid, Medigap, VA, DOD or TriCare and where prohibited by law. **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. Offer good only in the U.S. 3. Mission Pharmacal reserves the right to rescind, revoke or amend this offer without notice. 4. 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. Pharmacist only:** For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript[®] program for Ferralet[®] 1-877-934-1122 (8:00 AM-8:00 PM EST, Monday-Friday). 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.

Powered by:

McKesson

See important Warnings and Safety Information.

For more information, please visit ferralet.com

Mission[®]
PHARMACAL

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Available by prescription only.

How to redeem your savings card:

- 1 Take your signed prescription, along with this savings card, to your participating pharmacy.
- 2 Give both your signed prescription and this savings card to the pharmacist. You will receive up to **\$40** off your out-of-pocket cost.
- 3 Be sure to follow your doctor's instruction on how to take. More information will come with your prescription. Cannot be combined with any other offers. Subject to eligibility. Restrictions apply.



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