

BLUE HERON SAVINGS PROGRAM

No
activation
required

COPAY ASSISTANCE UP TO \$75/BOTTLE

BIN: 610600 | PCN: AS | ID: 91700087485 | GROUP: 917 | PROCESSOR: AGAVERX

HELPDESK: 1-877-274-3244

Simply print this page and bring it to a participating pharmacy with a valid prescription

ELIGIBLE PATIENTS PAY AS LITTLE AS \$0

COPAY FOR ALL BLUE HERON DISTRIBUTED GENERIC PRODUCTS

BLUE HERON SAVINGS PROGRAM Instructions

Redeem this card only when accompanied by valid prescription. Card valid toward out-of-pocket expenses for all BLUE HERON, Basiem or Avurax products.

Pharmacist - Submit this claim to primary third-party payer first, then submit balance as Secondary Payer COB (coordination of benefits) with patient responsibility amount.

Terms and Conditions: Offer cannot be combined with any other rebate or coupon, free trial, or similar offer for the specified prescription, Not valid for prescriptions reimbursed in whole or in part by Medicaid, Medicare, VA, DOD, TriCare, or other federal or state programs (including state prescription drug programs). Offer good only in United States at participating retail pharmacies. Absent a change in Massachusetts law, offer not valid in Massachusetts. Offer not valid where otherwise prohibited by law. Blue Heron reserves the right to rescind, revoke, or amend offer without notice. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. This card is not insurance and is not intended to substitute for insurance. Participating patients and pharmacists understand and agree to comply with all Terms and Conditions of offer. Patients must be 18 or old

Questions?

813-380-0271