

Give your patients the Power of CHOICE!

Regardless of coverage, your patients can save on CONTOUR®NEXT test strips.

FREE* Meter for your Eligible Patients

Use this RxBIN information to give your eligible privately insured patients a **FREE*** CONTOUR®NEXT ONE meter



RxBIN #	018844
PCN #	3F
Group #	FVCNXTM18
Identification #	CNTX9697545
Expiration Date	12/31/2023

To The Pharmacist:

- The above ID# can be used for all patients (limit = 1 meter/ patient/12 month period).
- Transmit claim online to RxBin # 018844.
- Valid Prescriber ID#, Patient Name and DOB are required for claim adjudication.
- For reimbursement, please submit to Change Healthcare. The processing information printed on this voucher should be used when submitting for reimbursement.
- For questions, please call the Help Desk at 1-855-282-4888.



Cash Paying Patients

Everyday Low Shelf Price: 35 and 70 count CONTOUR®NEXT test strips Available for **\$19.99** and **\$34.99** (MSRP) at select retail locations

Instant Savings on Test Strips

Contour CHOICE

Privately Insured Patients Covered AND Not Covered

Insured – Save Up to \$105+ every month. Your savings vary by test strip quantity. Test more. Save more.

Cash – Save up to \$66+ using the CONTOUR® Choice Card.

Accepted at 99% of pharmacies.

RxBIN #	004682
PCN #	CN
Group #	EC15701147
Identification #	49373504884

For more information, go to contournext.com.

The above ID# can be used for all patients. Limitations and restrictions apply.¹

¹Valid for up to 12 uses through 12/31/2023. **ELIGIBLE PRIVATELY INSURED PATIENTS** pay the first \$25 and can save up to \$105 of remaining copay based upon prescription quantity and insurance coverage. **CASH PATIENTS** pay the first \$25 and can save up to \$66 on 100 count test strips. Excludes 15, 35 and 70 count over the counter test strips. **PATIENTS** are responsible for any remaining balance after discount is applied. Patients pay all applicable taxes and fees.

RESTRICTIONS: Offer not valid for prescriptions reimbursed under Medicaid, Medicare drug benefit plan, Tricare or other federal or state health programs (i.e. medical assistance programs). If patient is eligible for drug benefits under any such program, offer not valid. Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. **Visit ContourChoice.com for additional details and Restrictions. Patient:** BY USING THIS CARD, YOU UNDERSTAND AND AGREE TO COMPLY WITH THE RESTRICTIONS. YOU ALSO CERTIFY THAT YOU WILL COMPLY WITH ANY TERMS OF YOUR HEALTH INSURANCE CONTRACT REQUIRING THAT YOUR PAYOR BE NOTIFIED OF THE EXISTENCE AND/OR VALUE OF THIS OFFER. **Pharmacist:** By applying this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription, and that you will comply with the Restrictions. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. **Pharmacist instructions for a patient with an Eligible Third Party:** Submit claim to the primary Third Party Payer first, then submit the balance due to **Change Healthcare** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). Patient is responsible for the first \$25 of the copay, and all remaining balances, charges and taxes after discount is applied. Reimbursement will be received from **Change Healthcare**. **Pharmacist instructions for a cash paying patient:** Submit this claim to **Change Healthcare**. A valid Other Coverage Code (e.g. 1) is required. Patient is responsible for the first \$25 and any remaining balances, charges and taxes after discount is applied and can save up to \$66 on 100 count test strips. Reimbursement will be received from **Change Healthcare**. Valid Other Coverage Code required. For any questions regarding **Change Healthcare** online processing, please call the Help Desk at 1-800-422-5604. **Offer expires 12/31/2023. Void where prohibited by law. This offer cannot be combined with any other offer. Ascensia Diabetes Care reserves the right to cancel or change this offer at any time and without notice.** For Questions call 1-855-226-3931.

©2022 Ascensia Diabetes Care US Inc. All rights reserved. Ascensia, the Ascensia Diabetes Care logo, and Contour are trademarks and/or registered trademarks of Ascensia Diabetes Care www.ContourChoice.com. Program managed by **ConnectiveRx** on behalf of Ascensia Diabetes Care.

Use CONTOUR®NEXT test strips for all CONTOUR®NEXT meters

* With the purchase of CONTOUR®NEXT test strips. Limitations and restrictions apply. **Valid for eligible privately insured patients only. Offer not valid for customers eligible for government health insurance programs such as Medicaid, Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs).** This offer must be accompanied by a prescription for a Contour®Next or unbranded/generic meter. Contact the patient's physician if no prescription is on file. Ascensia reserves the right to terminate the program without notice. Void where prohibited by law. This offer cannot be redeemed for cash, or combined with any other offer, coupon or discount. Contact your Ascensia Diabetes Care Representative for additional coupons.

† Offer not valid for customers eligible for government health insurance programs such as Medicaid, Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs).