

77 Corporate Drive Bridgewater, NJ 08807 Attn: Claims Processing Dept.

Phone: 800-519-2140 Fax: 908-548-9247

The Orserdu® card is accepted at most retail pharmacies in the United States. If the card is not processing at your pharmacy, you can get your savings via a rebate check after you have purchased your Orserdu® prescription. Please follow the instructions below:

In order to receive your check, please provide the following information:

- The 11-digit ID# and GRP# that is found on the Orserdu® card or a photocopy of the card.
- A proof of purchase (original pharmacy receipt with pharmacy name, product name, prescription number or Rx#, date filled, quantity, and the price)
- If applicable, provide a legible photocopy of the front of your primary insurance card or provide the name of your primary insurance along with BIN and PCN information found on the card
- Your name, address, city, state, zip, phone number, DOB, and the out of pocket payment

| PATIENT NAME | PATIENT DATE OF BIRTH | |
|---|---------------------------------|---------------|
| PATIENT ADDRESS | CITY | |
| STATE & ZIP CODE | PHONE NUMBER | |
| PATIENT OUT OF POCKET PAYMENT | \$ | |
| PRIMARY INSURANCE NAME | | |
| PHARMACY BIN | PCN | · |
| BRAND X CARD NAME | | |
| I.D | GROUP I.D. | |
| (This is the 11-digit ID# and GRP# that is fo | und on the Orserdu® Copay card) | |