

DuetDHA Balanced Savings Card

The card can be used up to 12 times before the expiration date and provides a maximum benefit of up to \$25 or the amount of your out-of-pocket cost, whichever is less, off on each of up to 12 qualifying prescriptions.



Patient:

You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, call the DuetDHA Balanced Savings Card program at 1-877-264-2440 (8:00 AM-8:00 PM EST, Monday-Friday). When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to Medicare or Medicaid, Medigap, VA or DOD or TriCare, or where prohibited by law; and you will otherwise comply with the terms above.

Physician:

Please give this card to the patient with a signed prescription for DuetDHA Balanced.

DuetDHA Balanced Savings Card

RxBIN: **610524**
RxPCN: **Loyalty**
RxGRP: **50776483**
ISSUER: **(80840)**

ID: 143734936



The card can be used up to 12 times before the expiration date and provides a maximum benefit of up to \$25 or the amount of your out-of-pocket cost, whichever is less, off on each of up to 12 qualifying prescriptions.

To the Patient: You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, call the DuetDHA Balanced Savings Card program at 1-877-264-2440 (8:00 AM-8:00 PM EST, Monday-Friday). When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions. You are not eligible if prescriptions are paid by any state or other federally funded programs, including, but not limited to Medicare or Medicaid, Medigap, VA or DOD or TriCare, or where prohibited by law; and you will otherwise comply with the terms above.

Powered By:

MCKESSON

Empowering Healthcare

To the Pharmacist: 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.

- Submit transaction to McKesson Corporation using BIN #610524
- 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 DuetDHA Balanced Savings Card program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc
- 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.
- **For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for DuetDHA Balanced Savings Card program at 1-877-264-2440 (8:00 AM-8:00 PM EST, Monday-Friday).**