

**SAVE 20%,
ON YOUR PRESCRIPTION
UP TO A MAXIMUM OF \$10**

**SUPREP[®]
BOWEL PREP KIT**
(sodium sulfate, potassium
sulfate and magnesium sulfate)
Oral Solution

(17.5g/3.13g/1.6g) per 6 ounces



RxBIN: 600471

RxPCN: 7777

RxGRP: X4461

Person Code: 01

Claims Processor: RESTAT

Card ID:

446103000108

Dear Pharmacist:

RESTAT has been authorized to reimburse you for 20% of the cash price OR the patient's insurance co-pay amount, up to a maximum of \$10. This discount is valid for SUPREP. This claim may be submitted electronically through RESTAT, or by mail. For reimbursement, please follow the instructions listed below.

Not valid with any other offer.

This claim may be submitted one of the following 3 ways:

1. This claim may be submitted electronically through RESTAT. Submit all claims in NCPDP standard D.0. Secondary processing should follow NCPDP standards for Copay Only billing, or in some cases using Coordination of Benefits processing using other coverage code 8 (OCC 8) when processing this voucher, dependent on your pharmacy software requirements. If you have any questions regarding electronic submission, please call the RESTAT help desk at 1-866-450-3277.

OR

2. If you are unable to transmit this claim electronically, please process under your standard format for a "paper claim" submission. Paper claims are to be submitted to **RESTAT, 11900 West Lake Park Drive, Milwaukee, WI 53224.**

OR

3. If you are unable to process this claim electronically or through your standard "paper claim" format, please return the voucher to the patient and instruct the patient to **mail the SUPREP voucher** along with the **copy of their itemized pharmacy receipt**, and **their return address**, to **RESTAT, 11900 West Lake Park Drive, Milwaukee, WI 53224** for prompt payment of their rebate.

This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, or any other federal or state program, or where prohibited by law. Offer valid only for prescriptions filled in the United States. Braintree Laboratories, Inc. reserves the right to discontinue this offer at any time. It is a violation of federal law to buy, sell, or counterfeit this certificate.

Offer Expires: DECEMBER 31, 2016

To Ensure Reimbursement, you will need:

- BIN #, Group #, Cardholder ID #, and Rx PCN # **(use numbers on reverse side)**
- Standard prescription information
- Person code: **Enter 001**
- Full course of therapy prescription

Remember to restore patient profile to Primary PBM after claim submission.

Call **1-866-450-3277** with processing questions.

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