

PAY \$ **15** *

as little as

* Subject to eligibility.
Restrictions apply.

Patient Instructions:

1. Present this savings card to your pharmacist with your Uribel® prescription.
2. Cost may vary depending on managed care coverage or for cash payments.
3. You will receive a discount towards your expenses for each prescription.
You will be responsible for any remaining expenses after discount/prescription drug coverage has been applied.
4. Follow your doctor's instructions on how to take Uribel.

If you have any questions, please call the LoyaltyScript® program for Uribel at 1-877-934-1122 (8:00 AM-8:00 PM EST, Monday-Friday).

For more details and full Prescribing Information, please visit uribelinfo.com

Uribel®

(118 mg methenamine, 40.8 mg sodium phosphate monobasic, 36 mg phenylsaliylate, 10 mg methylene blue, 0.12 mg hyoscyamine sulfate) capsule

Rx Only

For more information, please visit uribelinfo.com

Pharmacist: Submit this claim information to McKesson Corporation:

RxBin: 610524 RxPCN: Loyalty
RxGRP: 50777328 ISSUER: (80840)
ID: 1192649157

Pharmacist: For Uribel® submit transaction to McKesson Corporation using BIN #610524 for patient to receive eligible discounts towards out-of-pocket expenses.

When you use this savings 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.
- Input savings 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 savings card and your submission of claims for the Uribel Savings Coupon program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc.
- For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for Uribel at 1-877-934-1122 (8:00 AM-8:00 PM EST, Monday-Friday).

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.

Available by prescription only.

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Eligibility Criteria: 1. This savings card is not valid for prescriptions purchased under Medicaid, Medicare, TRICARE, Federal or state programs (including any state prescription drug programs), or private indemnity or HMO insurance plans which reimburse you in whole, or in part, of the cost of your prescription drugs. 2. Savings card is limited to 1 per patient with unlimited uses per savings card and is not transferable. 3. Offer good only in the U.S. 4. Mission Pharmacal reserves the right to rescind, revoke or amend this offer without notice. 5. You understand and agree to comply with the terms and conditions of this offer as set forth above. **Void if prohibited by law, taxed or restricted. Pharmacists only:** For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for Uribel® at 1-877-934-1122 (8:00 AM-8:00 PM EST, Monday-Friday). I certify that I have received this savings card from an eligible person and have dispensed the product as indicated. I certify that my participation in this program is in compliance with all applicable state laws and my obligation, contractual or otherwise, that I have as a pharmacy provider. Mission Pharmacal reserves the right to audit any of my submissions.

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Powered By:

McKesson

UBL005R0218

Instantly reduce your out-of-pocket cost with this Savings Card.

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Cannot be combined with any other offers. Available by prescription only.

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