

Saving on prenatal dietary supplements is easy...



My OB Complete® Savings Offer

Pay as little as **\$10***



Therapy First Plus

BIN: 004682
PCN: CN
GRP: WC0BC7302
ID: 73114138283



*Save up to \$50 per 30-day fill after you pay the first \$10. See below for terms and conditions.

Simply present this offer when dropping off your prescription AND SAVE!†

No activation required.

Just pay the first \$10 and we pay the rest – up to \$50 for a 30-day supply.

For a 60-day supply, you pay the first \$20 and we pay up to \$100.

For a 90-day supply, you pay the first \$30 and we pay up to \$150.

†See below for terms and conditions.

Pharmacist Instructions

This card is valid for up to 12 uses for the following products:

**OB Complete® Petite, OB Complete® One,
OB Complete® Premier, and Corvite® FE**

For a patient with an Eligible Third Party:

Submit the claim to the primary Third-Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code (e.g. 8). The patient pay amount for a 30-day supply will be reduced up to \$50 (after the patient pays the first \$10). The patient pay amount for a 60-day supply will be reduced up to \$100 (after the patient pays the first \$20). For a 90-day supply, the patient pay amount will be reduced up to \$150 (after the patient pays the first \$30). Reimbursement will be received from **Therapy First Plus. Valid Other Coverage Code required.**

For Cash Paying Patients:

Submit this claim to **Therapy First Plus**. A valid Other Coverage Code (e.g. 1) is required. The patient pay amount for a 30-day supply will be reduced up to \$50 (after the patient pays the first \$10). The patient pay amount for a 60-day supply will be reduced up to \$100 (after the patient pays the first \$20). For a 90-day supply, the patient pay amount will be reduced up to \$150 (after the patient pays the first \$30). Reimbursement will be received from **Therapy First Plus. Valid Other Coverage Code required.**

For any questions regarding **Therapy First Plus** online processing, please call the Help Desk at **1-800-433-4893**. Patients with questions should call **1-844-727-5540**.

Program Rules – Eligibility, Terms, & Conditions:

This offer is valid in the United States. Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state health programs (such as medical assistance programs). Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. By using this offer, the patient certifies that he or she will comply with any terms of his or her health insurance contract requiring notification to his or her payor of the existence and/or value of this offer. It is illegal to (or offer to) sell, purchase, or trade this offer. This offer is not transferable and is limited to one offer per person. Not valid if reproduced. Void where prohibited by law. Vertical Pharmaceuticals, LLC reserves the right to rescind, revoke, or amend this offer without notice at any time.