



**Pay As Little As \$30\* Insured, Covered Patients  
Pay As Little As \$69.99\* All Other Patients**

BIN: 004682  
RxPCN: CN  
RxGRP: WCSO5902  
Card ID: 59014334000

 **Levicyn™**

**Acuicyn™** 

**Celacyn™**

**Sebūderm™**

**Ceramax™**

**Loyon®**

**Epicyn™**

See instructions on back of card.

\*Up to program maximum, which is subject to change

**Including other Rx Sonoma brands**

**Unlimited Uses**

# Instructions

**Pharmacist for Patients Paying Cash:** Submit this claim to Therapy First Plus. A valid other coverage code is required (eg, 1). The patient pay amount will be reduced up to the program maximum after initial \$69.99 patient responsibility. Reimbursement including a handling fee will be received from Therapy First Plus.

**Pharmacist for the Patient with an Authorized 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 as a copay only billing using a Valid Other Coverage Code (eg, 8). The patient pay amount will be reduced up to the program maximum after initial \$30 patient responsibility. Reimbursement including a handling fee will be received from Therapy First Plus.

**To the Pharmacist ONLY:** For any questions regarding Therapy First Plus online processing, please call 1-800-433-4893.

**Patient Instruction:** Use this Savings Card to reduce the amount due on an eligible third-party or cash prescription by presenting it to your pharmacist along with your valid prescription for an eligible Sonoma Pharmaceuticals product. Keep this card and present it with your subsequent prescriptions.

**Terms and Conditions:** By redeeming this Savings Card, you agree that you are eligible pursuant to the Terms and Conditions below, and you agree not to seek reimbursement for all or any part of the benefit received through this offer. Patient or guardian is responsible for reporting receipt of the Savings Card benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the Savings Card, as may be required. The value of this offer may not exceed the amount of the patient's out-of-pocket costs for the prescription. This coupon is not insurance. This Savings Card is not valid for prescriptions reimbursed in whole or in part by Medicare, Medicaid, or a Medicare Part D plan, TRICARE, US Department of Veteran Affairs, US Department of Defense, Puerto Rico, government health insurance plan, or any other federal or state-funded healthcare benefit program. This Savings Card is good for use only with a prescription for an eligible Sonoma Pharmaceuticals product. Offer good only in the USA at participating retail or mail-order pharmacies in the United States and Puerto Rico. This offer is not valid where prohibited by law. Sonoma Pharmaceuticals reserves the right to rescind, revoke, or amend this offer without notice. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. Participating patients and pharmacists understand and agree to comply with the terms and conditions of this offer as set forth above.

