

# Savings Request Form



For use only if your pharmacy does not process the claim with your LIVE2THRIVE® Loyalty Card.

## SECTION 1: PATIENT INFORMATION—REQUIRED

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Group #: \_\_\_\_\_ L2T Card #: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Parent/caregiver name: \_\_\_\_\_

## SECTION 2: HEALTHCARE PROVIDER (HCP) INFORMATION—REQUIRED

HCP name: \_\_\_\_\_ HCP state: \_\_\_\_\_

Pharmacy name: \_\_\_\_\_

Pharmacy address: \_\_\_\_\_

Pharmacy city: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Rx number: \_\_\_\_\_ Quantity dispensed: \_\_\_\_\_ Days' supply: \_\_\_\_\_ Amount of out-of-pocket expense paid by patient: \_\_\_\_\_

## How the Program Works:

1. If your pharmacy chooses not to accept the LIVE2THRIVE Loyalty Card, complete this member reimbursement claim form and submit it with:

- A photocopy of the front and back of your LIVE2THRIVE Loyalty Card
- Your original proof of purchase (original pharmacy receipt with your name and address, pharmacy name, product name, prescription numbers, NDC number, date filled, quantity, and price) and a photocopy of the front and back of your insurance card

You can provide all information in one of the following ways:

- **Fax to: 855.528.8033**
- **Email to: rebates@us.imshealth.com**
- **Mail to: LIVE2THRIVE, PO Box 4933 Warren, NJ 07059-6600**

2. In order to ensure your claim is processed, be sure to complete Sections 1 and 2 above. Incomplete information will delay your reimbursement.

3. Should your claim qualify for reimbursement, you will receive reimbursement in approximately 6 to 8 weeks. Reimbursement requests must be postmarked by June 30, 2018. Reimbursement is subject to Program Terms, Conditions, and Eligibility Criteria.

Please note that the LIVE2THRIVE Program is not available to patients who are on Medicare, Medicaid or participating in any other state or federally subsidized pharmacy benefit program, or where otherwise prohibited by law. Full Program Terms, Conditions, and Eligibility Criteria are available on the back of your Loyalty Card or at [www.LIVE2THRIVE.org](http://www.LIVE2THRIVE.org).

Submitted Reimbursement Forms are subject to audit review, including pharmacy receipts and/or claims.

Reimbursement for pharmacy claims adheres to the Program Reimbursement Rate and may not cover the entire amount of the out-of-pocket expense.

UNB50635\_v3 05/17

If you have questions about the LIVE2THRIVE Program, please call 1.888.936.7371.

Please consult your physician with any questions about your medication.

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