

PATIENT SAVINGS CARD

 GALDERMA

CareConnect 

RxBIN: **610524** RxGRP: **50777283**
RxPCN: **Loyalty** ISSUER: **(80840)**
ID: **1039998652**

 GALDERMA

Powered By:



You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/MedWatch or Call 1-800-FDA-1088.

To the Patient: You must present this card to the pharmacist along with your prescription to participate in this program. If you have any questions regarding your eligibility or benefits, or if you wish to discontinue your participation, call the Galderma CareConnect program at 855-280-0543 (8:00 AM-8:00 PM EST, Monday-Friday). When you use this card, you are certifying that you understand the program rules, regulations, and terms and conditions which may be found at www.galdermacc.com, ("Program Rules"). You are not eligible if you are enrolled in Medicare Part D, Medicaid, Medigap, VA, DOD, TriCare or any other government-run or government-sponsored health care program with a pharmacy benefit, or where prohibited by law. Some restrictions may apply, please contact McKesson at 855-280-0543 or go to www.galdermacc.com for more information.

To the Pharmacist: When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under Medicare Part D, Medicaid, Medigap, VA, DOD, TriCare or any other government-run or government-sponsored health care program with a pharmacy benefit for this prescription and that you agree to the Program Rules as set forth at www.galdermacc.com.

- Submit transaction to McKesson Corporation using BIN #610524
- If primary commercial prescription insurance exists, input 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 card and your submission of claims for the Galderma CareConnect program are subject to the LoyaltyScript® program Terms and Conditions posted at www.mckesson.com/mprstnc
- 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 Part D, Medicaid, Medigap, VA, DOD, TriCare or any other government-run or government-sponsored health care program with a pharmacy benefit and where prohibited by law.
- For questions regarding setup, claim transmission, patient eligibility or other issues, call the LoyaltyScript® for Galderma CareConnect program at 855-280-0543 (8:00 AM-8:00 PM EST, Monday-Friday).

Galderma Laboratories, L.P. reserves the right to rescind, revoke or amend this offer at any time.

All trademarks are the property of their respective owners.

© 2020 Galderma Laboratories, L.P. USMP/CAP/0031/1119
Printed in USA 01/20

 GALDERMA