Get your FREE[†] CONTOUR[®] NEXT GEN METER

from a participating local pharmacy today with purchase of minimum 50ct CONTOUR®NEXT test strips!



- Restrictions: offer not valid for prescriptions reimbursed under Medicaid. Medicare drug benefit plan, Tricare or other federal or state health programs (i.e. medical assistance programs). If patient is eligible for drug benefits under any such program, offer not valid.
- . The identification number in the coupon to the right can be used for all patients.
- Limit 1 member per patient per 12 month period for purchase of product indicated.
- · This offer cannot be redeemed for cash, or combined with any other offer, coupon, or discount.
- · Ascensia reserves the right to terminate the program without notice.

- Transmit claim on-line to Change Healthcare.
- . This offer must be accompanied by a prescription for a CONTOUR®NEXT or unbranded meter. Contact physician if no prescription on file.
- · Processor requires valid Prescriber ID#, Patient's Name, and DOB for claim adjudication.
- · These products are provided for evaluation purpose only and may not be charged to any patient and the provider may not submit a claim for reimbursement to Medicare, Medicaid, or other public or private insurer for the sample product.
- · Offer void where prohibited by law.



MANUFACTURER'S COUPON EXPIRES 12/31/202

CONTOUR® NEXT GEN METER

with purchase of CONTOUR® NEXT test strips at the pharmacy

Give your pharmacist these codes to receive your free meter:



† Limitations & Restrictions apply. This offer must be accompanied by a prescription for a CONTOUR®NEXT, CONTOUR® or unbranded/ generic meter. Contact the patient's physician if no prescription is on file. Ascensia reserves the right to terminate the program without notice. These products are provided for evaluation purposes only and may not be charged to any patient and the provider may not submit a claim for reimbursement to Medicare. Medicaid, or other public or private insurer for the sample product. Offer not valid for prescriptions reimbursed under Medicaid. Medicare drug benefit plan. Tricare or other federal or state health programs (i.e. medical assistance programs. Void where prohibited by law.

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