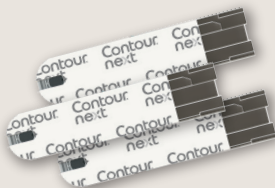


# Save Every Month on CONTOUR®NEXT test strips<sup>\*,†</sup>

Test more. Save more.  
with

**Contour**  
**CHOICE**



CONTOUR®NEXT test strips  
are compatible with all  
CONTOUR®NEXT branded  
blood glucose meters



**Take this to your  
pharmacy today!**

Powered by:

**CHANGE HEALTHCARE**

**BIN#** 004682

**PCN#** CN

**GRP#** EC15701147

**ID#** 49373504884

See reverse for details, eligibility and restrictions.

\*Savings on CONTOUR®NEXT test strip 25, 50 and 100ct only. Savings vary by test strip count.

# Eligible privately insured or cash patients... We've got you covered!

**Insured** – Save Up to \$105<sup>+</sup> every month. Your savings vary by test strip quantity. Test more. Save more.

**Cash** – Save up to \$66<sup>+</sup> using the CONTOUR® Choice Card.

**Accepted at 99% of pharmacies.**

<sup>1</sup>Valid for up to 12 uses through **12/31/2026**. **ELIGIBLE PRIVATELY INSURED PATIENTS** pay the first \$25 and can save up to \$105 of remaining copay based upon prescription quantity and insurance coverage. **CASH PATIENTS** pay the first \$25 and can save up to \$66 on 100 count test strips. Excludes 15, 35 and 70 count over the counter test strips. **PATIENTS** are responsible for any remaining balance after discount is applied. Patients pay all applicable taxes and fees.

**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. Cash Discount Cards and other non-insurance plans are not valid as primary under this offer. **Visit ContourChoice.com for additional details and Restrictions.** **Patient:** BY USING THIS CARD, YOU UNDERSTAND AND AGREE TO COMPLY WITH THE RESTRICTIONS. YOU ALSO CERTIFY THAT YOU WILL COMPLY WITH ANY TERMS OF YOUR HEALTH INSURANCE CONTRACT REQUIRING THAT YOUR PAYOR BE NOTIFIED OF THE EXISTENCE AND/OR VALUE OF THIS OFFER. **Pharmacist:** By applying this offer, you are certifying that you have not submitted a claim for reimbursement under any federal, state, or other governmental programs for this prescription, and that you will comply with the Restrictions. Participation in this program must comply with all applicable laws and regulations as a pharmacy provider. **Pharmacist instructions for a patient with an Eligible Third Party:** Submit claim to the primary Third Party Payer first, then submit the balance due to **Change Healthcare** as a Secondary Payer COB [coordination of benefits] with patient responsibility amount and a valid Other Coverage Code, (e.g. 8). Patient is responsible for the first \$25 of the copay, and all remaining balances, charges and taxes after discount is applied. Reimbursement will be received from **Change Healthcare.** **Pharmacist instructions for a cash paying patient:** Submit this claim to **Change Healthcare.** A valid Other Coverage Code (e.g. 1) is required. Patient is responsible for the first \$25 and any remaining balances, charges and taxes after discount is applied and can save up to \$66 on 100 count test strips. Reimbursement will be received from **Change Healthcare.** Valid Other Coverage Code required. For any questions regarding **Change Healthcare** online processing, please call the Help Desk at 1-800-422-5604. **Offer expires 12/31/2026. Void where prohibited by law. This offer cannot be combined with any other offer.** **Ascensia Diabetes Care reserves the right to cancel or change this offer at any time and without notice.** For Questions call 1-855-226-3931.

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Program managed by **ConnectiveRx** on behalf of Ascensia Diabetes Care.

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**REMINDER!** Register your blood glucose meter with Ascensia Diabetes Care at <https://www.ascensiadiabetes.com/meter-registration-form/>

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