



\$35 Instant Rebate Offer*
Reduces Rx Copay or Cash Price

Dear Valued Patient,

You have received a prescription from your practitioner for a Quinnova® product. Your practitioner selected the Quinnova® brand as his/her product of choice to treat your condition. Please read the following Instant Rebate Offer redemption instructions and eligibility to see how you can save \$ off every Quinnova® brand prescription*.

REDEMPTION INSTRUCTIONS:

To reduce the cost of your insurance copay or cash expense for any valid Quinnova® brand prescription (see eligible product list below), please present this Instant Rebate Offer, along with your valid prescription and primary insurance card to your pharmacist.

INSTANT REBATE VALUE:

Patients with private insurance:

- This Instant Rebate Offer reduces your insurance copay for all Quinnova® products by \$35

Patients with no prescription insurance benefit:

- This Instant Rebate Offer reduces your cash expense for all Neosalus® and Atrapro™ products to only \$25
- This Instant Rebate Offer reduces your cash expense for all other Quinnova® products by \$35

Patients with Medicaid, Medicare, other Federal and State programs:

- This offer is not valid for prescriptions reimbursed in whole or in part by Medicaid, Medicare, or other Federal and State programs, or for residents of MA. Please see Legal Notice on reverse*.

CUSTOMER SERVICE:

If you have any difficulty redeeming this Instant Rebate Offer or if you believe your Quinnova® product prescription expense is inconsistent with the information presented on this form, please call 1-877-907-4345.

BIN: 610020

GROUP: 99992067

MEMBER: XXXXXXXXXX

Rebate offer applies to all Quinnova products.

NEOSALUS® Foam 200 gm
23710-000-02

NEOSALUS® Foam 70 gm
23710-000-70

NEOSALUS® Cream 180 gm
23710-001-18

NEOSALUS® Cream 100 gm
23710-001-10

NEOSALUS® Lotion 8 fl oz
23710-002-08

ATRAPRO™ Antipruritic Hydrogel 4 oz
23710-060-04

ATRAPRO™ Dermal Spray 8 fl oz
23710-065-08

HYDRO 35® Foam 150 gm
(Urea 35% in a Foam Containing Lactic Acid)
23710-035-15

SALVAX® Foam 200 gm
(Salicylic Acid 6% Foam)
23710-006-02

SALVAX® Foam 70 gm
(Salicylic Acid 6% Foam)
23710-006-70

SALVAX® DUO PLUS
(Contains Hydro 35 150 gm & Salvax 70 gm)
23710-635-01

TERSI® Foam 70 gm
(2.25% Selenium Sulfide Foam)
23710-225-70

If your pharmacist is unable to apply this Instant Rebate Offer on any eligible Quinnova® prescription, you may redeem this offer by mail as follows:

1. Complete this Instant Rebate Offer form below, including complete name and address
2. Include original pharmacy receipt with the product name, date, and amount you paid circled (valid receipt must include: your name, name of medication purchased, date of purchase, and amount paid)
3. Mail this Instant Rebate Offer form, along with your pharmacy receipt to:

Quinnova® Rebate Offer
6501 Weston Parkway, Suite 370
Cary, NC 27513

Please allow 2 – 4 weeks for delivery of your rebate check.

First Name _____

Last Name _____

Address _____

Suite or Apt # _____

City _____ **State** _____ **ZIP** _____

TO PHARMACIST:

For Insured Customers: Process a Coordination of Benefits (COB) transaction using your customer's prescription insurance for the primary claim and PDM using BIN: 610020 for the secondary claim.

For Uninsured Customers: Submit your Quinnova® product prescription to PDM using BIN: 610020.

For Processing Questions: Call 1-877-907-4345.

***LEGAL NOTICE:**

1. This Instant Rebate Offer is not valid for prescriptions reimbursed in whole or in part by Medicaid, Medicare, or other federal or state programs (including any state prescription drug programs, state medical assistance programs, and/or pharmaceutical patient assistance programs), or by private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. 2. Void in Massachusetts, and any state where rebates are prohibited by law, taxed, or otherwise restricted. 3. You may not combine this offer with any other rebate, coupon, free trial, or similar offer. Quinnova Pharmaceuticals, Inc. has the right to rescind, revoke, or amend this offer without notice. 4. Keep this card for savings on unlimited refills. 5. Valid only in the United States.

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