

FRONT

BACK

Centrix Pharmaceutical Is Pleased to Offer a Mail-in Rebate of **\$10**



✓ A \$10 mail-in rebate is available for prescriptions of DiatxZn®.\*



\*Not to exceed patient copay or out of pocket expense

*This mail-in rebate is intended to help with the cost of your medication.*

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Rebates are not valid for prescriptions reimbursed under federally funded health care programs, including Medicare or Medicaid as well as similar state medical assistance programs. Offer void where prohibited by federal or state law or taxed. Offer good only in USA. Void in Minnesota, Massachusetts, Michigan, Rhode Island, except for prescriptions that are NOT reimbursed by third-party payer. Not responsible for lost, stolen or misdirected checks. Manufacturer reserves the right to rescind, revoke, or amend this offer without notice.

By my signature below, I certify that I am not being reimbursed for this product by Medicare or Medicaid, any other federal or state program, including any state pharmaceutical assistance program or any other third-party payers. I also understand that I am responsible for any reporting or other requirements with respect to receipt of this rebate.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Physician Name: \_\_\_\_\_

I have complied with all the terms of this offer.

Signature (must be signed in order to be valid)

**Submit:** This offer certificate must be filled out completely along with your dated proof of purchase pharmacy receipt. Original receipt must include product name, number of tablets and cost to patient.

**Send to:** Centrix Pharmaceutical, Inc.  
Attn: Rebate Program  
31 Inverness Center Parkway, Suite 270  
Birmingham, AL 35242

**Receive:** \$10 refund check for prescription of 30 tablets or more.\*

\*Not to exceed patient copay or out of pocket expense.  
Please allow 8 weeks for delivery.



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