

REBATE PROGRAM INSTRUCTIONS

If your pharmacy does not accept or cannot process your Pfizer Oncology medicine co-pay savings card, use this rebate form to request reimbursement of your out-of-pocket co-pay costs for your Pfizer Oncology medicine.

1. **Complete** the rebate form below.
2. **Provide** proof of payment, such as a pharmacy receipt, credit/debit card receipt, copy of canceled check front/back, or bank statement.
3. **Circle** the medicine name, the date, and the amount you paid for your Pfizer Oncology medicine on your original pharmacy label or invoice.
4. **Ensure** your pharmacy label or invoice includes the following information:
 - ✔ Patient name and address
 - ✔ Pharmacy name, address, label/invoice, and phone number
 - ✔ Doctor or healthcare provider name, address, and phone number
 - ✔ Prescription # (Rx#), fill date, drug name, strength, NDC#, and quantity
 - ✔ Overall prescription price and co-pay/out-of-pocket expense paid
5. **Send in the completed rebate form, along with your pharmacy label or invoice and proof of payment.**



By Mail: Attn: Claims Processing Department, IQVIA, Inc. PO Box 6875, Bridgewater, New Jersey 08807



By Fax: 1-800-331-9298

COMPLETE AND RETURN THIS FORM

NAME

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

DATE OF BIRTH

CO-PAY SAVINGS CARD MEMBER ID#

SIGNATURE

DATE

By my signature, I certify that I meet and agree to the terms and conditions listed on PfizerOncologyTogether.com/terms, as well as the eligibility requirements and restrictions that I receive when I activate my card.*

To validate, you must sign and date this rebate form. Your signature is required for processing. The rebate check will arrive in 6 to 8 weeks. An additional rebate form is provided in the event it is necessary to submit another request for reimbursement.

**For live support, please call 1-877-744-5675 (Mon–Fri 8 AM–8 PM ET).
To fax Pfizer Oncology Together, please send documents to 1-800-331-9298.**

*For oral products, visit PfizerOncologyTogether.com/terms and for injectable products, visit PfizerCopay.com/TC. Patients are not eligible for these programs if they are enrolled in a state or federally funded insurance program, including but not limited to Medicare, Medicaid, TRICARE, Veterans Affairs health care, a state prescription drug assistance program, or the Government Health Insurance Plan available in Puerto Rico.