



PRESCRIPTION BENEFIT CARD

First Name:

Last Name:

Cardholder ID:

Rx BIN: 610568 **Rx PCN:** RXS

Rx GRP:

Present this pharmacy benefit savings card to fill your prescription at any participating pharmacy.

Ascension Rx Charitable Card Program Details

This charity card can help offset the cost of your medication(s). The following restrictions apply:

- Only use at approved pharmacies.
- Provide your primary insurance card (if available) along with this charitable card as secondary.
- This card helps to fill only 30 days worth of your medication.
- Any use exceeding the financial limit of this card must be approved by Ascension.
- This card may only be utilized for Ascension-approved medications.

For exact, local details, contact your Ascension representative.

