Patient Mail-In Form

INSTRUCTIONS

To receive your reimbursement payment check within 6 to 8 weeks for a valid prescription claim, please complete the following steps:

1. Fill a prescription at your mail-order pharmacy.
2. Print, fill out, and sign this form.
3. Mail this form along with the original Mail-Order Pharmacy Receipt that you received for your prescription (cash register receipts are not acceptable). Forms submitted without these items will not be valid and therefore will not be eligible for reimbursement.

THE MAIL-ORDER PHARMACY RECEIPT SHOULD INCLUDE:

- Patient name and address
- Prescription number or Rx number, fill date, drug name, strength and NDC number
- Quantity, price and/or co-pay amount paid
- Mail-order pharmacy name, address and phone number

FOR MAIL-ORDER PHARMACY PRESCRIPTIONS ONLY

Provide the information below to receive your refund

Patient Name _____ Date of Birth (mm/dd/yy) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail (optional) _____

Drug Name _____

Savings Card Group # ☐☐☐☐☐☐☐☐☐☐

Savings Card ID # ☐☐☐☐☐☐☐☐☐☐☐☐

I, _____, certify that the information provided for this reimbursement request is accurate to the best of my knowledge, and the co-payment or out-of-pocket expenses requested for reimbursement were actually incurred.

I, _____, certify that my prescription was not purchased under a state or federally funded prescription insurance program, including Medicare Part D, Medicaid, Medigap, Veterans Affairs (VA), Department of Defense (DOD) programs, or Tricare, that I am not Medicare eligible and enrolled in an employer–sponsored group waiver health plan or government-subsidized prescription drug benefit program for retirees. Refer to the product prescription savings card program for complete terms and conditions.

Patient Signature _____ Date _____

Mail your completed form and original pharmacy receipt to:

2250 Perimeter Park Dr., Suite 300, Morrisville, NC 27560

If you have any questions regarding the offer, please call 1-800-236-9933. AstraZeneca reserves the right to change or discontinue prescription program savings offers at any time without notice.

AstraZeneca

©2025 AstraZeneca. All rights reserved. US-98330 Last Updated 2/25