Pfizer Oncology together™ Co-Pay Savings Program

CVC2: 000 Purchasing

Rx ID: XXXXXXX
Rx Bin: XXXXXXXX

Rx Group: OHXXXXXXX Rx PCN: XXXX

5000-0000-0000-0000

VALID 12/29

VALUED CARDHOLDER



What to do next:

PROVIDE THE FOLLOWING PFIZER ONCOLOGY TOGETHER CO-PAY SAVINGS CARD INFORMATION TO YOUR PHARMACY

- The co-pay card portion (ID, BIN, Group, and PCN) is given to the pharmacy when they call to schedule payment and shipment of your Pfizer Oncology prescription
- The debit card number is given to the pharmacy ONLY if the pharmacy indicates a remaining balance after the co-pay card is applied
- If applicable, you will receive a notification through your preferred method of communication (email or text) indicating the total amount available each time the co-pay card is used
- Remember to periodically check with the pharmacy on the balance of the co-pay card

Be sure to save the details of the co-pay card to use in the future.

For patients seeking out-of-pocket cost reimbursement, please save the above information. Go to **PfizerOncologyTogether.com/reimbursement** and follow the prompts for information and eligibility regarding reimbursement.

Links to PfizerOncologyTogether.com/terms

For any questions about your coverage or co-pay for your prescribed Pfizer Oncology Together medicine, please call **1-877-744-5675** (Monday–Friday 8 AM–8 PM ET).

For any questions related to your Pfizer Oncology Together Co-Pay Savings Card, please call **1-877-744-5675** (Monday–Friday 8 AM–8 PM ET) and have your member ID available to provide.



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