

**Pay no more  
than \$35\***

  
**Avenova**<sup>®</sup>

(pure hypochlorous acid, 0.01% as a preservative)

SPRAY SOLUTION

**FOR PRESCRIPTION ONLY**

Claims Processor: **SimpleSaveRx** Person Code: **01**

Bin#: **600471** Group#: **X8360** Rx PCN#: **7777**

Cardholder ID#: **836003289757**

**If you have any questions regarding  
electronic submission, please call the  
SimpleSaveRx Help Desk at  
1-844-728-3479.**

**Attention Patient:** \*Present this certificate to the pharmacist for an instant rebate of up to program maximum which is subject to change. If your total out-of-pocket pharmacy bill exceeds the program maximum, you will be responsible for the additional balance. Not valid with any other offer. Cannot be used for cash paying patients. More than one coupon cannot be used per Rx.

SimpleSaveRx has been authorized to reimburse you for all charges after the patient pays the first \$35 of the insurance co-pay, up to the program maximum which is subject to change. This claim may be submitted electronically through SimpleSaveRx, or by mail.

For reimbursement, please follow the instructions listed below.

NOT VALID FOR CASH PATIENTS.

**Not valid with any other offer. One certificate per pharmacy visit.**

This claim may be submitted one of the following three ways:

1. This claim may be submitted electronically through SimpleSaveRx. Submit all claims in NCPDP standard D.O.

This claim should be submitted as Secondary coverage. Secondary processing should use Other Coverage Code 8. Retain certificate and file with the prescription for auditing purposes.

**OR**

2. If you are unable to transmit this claim electronically, please process under your standard format for a "paper claim" submission. Paper claims are to be submitted to SimpleSaveRx, 3350 N Arizona Ave, Ste 2, Chandler, AZ 85225.

**OR**

3. If you are unable to process this claim electronically or through your standard "paper claim" format, please return the voucher to the patient and instruct the patient to mail this voucher, along with the copy of their pharmacy prescription receipt (cash register receipts are not accepted), and their return address, to SimpleSaveRx, 3350 N Arizona Ave, Ste 2, Chandler, AZ 85225 for prompt payment of their rebate.

This coupon is not valid for prescriptions reimbursed under Medicare, Medicaid, or any other federal or state program, or where prohibited by law. Offer valid only for prescriptions filled in the United States. NovaBay Pharmaceuticals, Inc. reserves the right to discontinue this offer at any time. It is a violation of federal law to buy, sell, or counterfeit this certificate.

- For medical inquiries or information about Avenova, please call 1-800-890-0329.

- You are encouraged to report negative side effects of prescription medical devices to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

To Ensure Reimbursement, you will need:

- Bin #, Group #, Cardholder ID#, and Rx PCN # (use numbers on reverse side)
- Standard prescription information
- Person code Enter 01

**Remember to restore patient profile to Primary PBM after claim submission.**