

Commercially Insured Patients may

Pay as little as

\$0*

BIN# 020016

PCN# IFX

GRP# BURKE01

ID# 19080300002

*Maximum benefits apply

Instructions to Pharmacist

For Insured Patients: Process a Coordination of Benefits (COB/split bill) claim using the patient's prescription insurance for the PRIMARY claim.

Submit a SECONDARY claim using occ (other coverage code) 08.

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For issues submitting claims under this offer please contact the InfinityRx Pharmacy Help Desk at 1-888-927-3499.

This offer cannot be combined with any other rebate or coupon, free trial, or similar offer for the specified prescription. Not valid for prescriptions reimbursed in whole or in part by Medicaid, Medicare, VA, DOD, TriCare, or other federal or state programs (including state prescription drug programs). Offer good only in the United States at participating retail pharmacies. Offer not valid where otherwise prohibited by law, for example by applicable state law prohibiting co-pay cards. Burke Therapeutics reserves the right to rescind, revoke, or amend the offer without notice. The selling, purchasing, trading, or counterfeiting of this offer is prohibited by law. This card is not insurance and is not intended to be a substitute for insurance. Participating patients and pharmacists understand and agree to comply with all Terms and Conditions of this offer. Patients must be 18 or older.