

# Pertzye<sup>®</sup>

(pancrelipase)   
Delayed-Release Capsules



## Nutritional Rebate Program<sup>SM</sup>

*Here is how the program works:*

For every 30 day prescription of Pertzye<sup>®</sup> that is filled, a patient is eligible to receive a maximum rebate of \$25.00 from their purchase of vitamin supplements, high calorie drinks or other nutritional food sources. The rebate covers up to a total of \$75.00 for each 90-day supply of Pertzye<sup>®</sup>.\*

*Follow the Nutritional Rebate Form instructions on the reverse side...*

**\*Eligibility:** Available to patients with commercial prescription insurance coverage for Pertzye<sup>®</sup>. Co-pay and deductible assistance is not available to patients receiving reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs) or where prohibited by law. Offer subject to change or discontinuance without notice. **This is not health insurance.**

 **Digestive Care, Inc.**

1120 Win Drive  
Bethlehem, PA 18017-7059  
Voice: 1-877-882-5950  
Fax: 610-882-0349  
[www.pertzye.com](http://www.pertzye.com)

## Nutritional Rebate Program<sup>SM</sup>

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It's as easy as **1 - 2 - 3**

- 1. Fill in** the information below
- 2. Enclose receipt(s)** for Pertzye<sup>®</sup> (pancrelipase) and Nutritional Products
- 3. Send to** Digestive Care, Inc.

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Please Print Clearly

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

After completing the above information, please return this form, along with your receipts for Pertzye<sup>®</sup> and Nutritional Products, and mail to:



ATTN: Nutritional Rebate Program  
1120 Win Drive  
Bethlehem, PA 18017-7059

*For questions or more information please call Customer Service at 1-877-882-5950.*

For Office Use Only:

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Check #: \_\_\_\_\_