



ViiVConnect Savings Card Rebate

All applicable information is required to receive a Rebate Check. Not all patients are eligible for a Rebate. This Rebate Form registration will be processed by McKesson Corporation on behalf of ViiVConnect.

Instructions for Completing the Rebate Form:

1. PLEASE REVIEW FULL TERMS AND CONDITIONS OF YOUR ViiVCONNECT SAVINGS CARD TO CONFIRM ELIGIBILITY. **Patients must be eligible to redeem the ViiVConnect Savings Card, consistent with the ViiVConnect Savings Card Terms and Conditions, to receive a Rebate Check.** If you have questions about the Rebate for the product for which you are seeking a Rebate Check, please call this toll-free number: 866-747-1170.
2. If the product was purchased from a retail or mail-order pharmacy, and the pharmacy did not accept the ViiVConnect Savings Card, complete this Rebate Form legibly and completely, including completing the applicable certifications below. You must be 18 years of age or older and a resident of the United States to request a Rebate.

3. Provide a copy of the following:

- Front and Back of your Insurance Card
- Your Prescription Medication Label
- Your Prescription Medication Receipt

4. Once you have filled in the form, please certify below by selecting a response that the information you have provided is truthful and accurate.

How did you receive your medication? _____

Did your primary insurance pay a portion of the cost? Yes No

PATIENT INFORMATION (REQUIRED)	
ViiVConnect Savings Card ID#*:	
First Name:	Last Name:
DOB:	

*If you do not have a ViiVConnect Savings Card ID#, please go to www.myviivcards.com and click on "Get a Card."

PATIENT CERTIFICATION (REQUIRED) (You must be 18 years of age or older and a resident of the United States to request a Rebate)			
Patient Address 1:			
Patient Address 2:			
City:	State:	ZIP:	
Pharmacy Name:		Pharmacy Address 1:	
City:	State:	ZIP:	Pharmacy Address 2:
Medication Name & Strength:			
Prescription Number:		Quantity Supplied:	
Days Supplied:		Amount Paid by Patient:	
Date on Pharmacy Receipt:			

PRIMARY INSURED CERTIFICATION (REQUIRED) (The "Primary Insured" Certification must be completed by the primary insured individual, who may be the patient, if the patient is the primary insured)			
Primary Insured Name:			
Primary Insured Address 1:			
Primary Insured Address 2:			
City:	State:	ZIP:	Phone:
Pharmacy Benefit Management Company Name (if applicable):			
Pharmacy Benefit Management Phone Number (if applicable):			
Primary Insured Health Insurance Policy Number:			

I acknowledge that McKesson Specialty AZ's access to the information I have provided is necessary for data processing, eligibility verification, and follow-up related to this program. I authorize McKesson Corporation to verify the information I have provided for compliance with this program.

By certifying below, I agree that McKesson Corporation ("McKesson"), the administrator of this program, has my authorization to use and verify the Primary Insured information provided. I understand my insurance company may be contacted by McKesson Corporation in order to process the Rebate. I certify that my insurance company has not prohibited the redemption of manufacturer coupons for the product for which a Rebate is being sought through this Rebate Form.

I certify that I have read and agree to the Terms and Conditions of my Rebate. I certify that I personally paid the required amount by my prescription insurer for the product for which I am seeking a Rebate. I certify that I have

not sought and shall not seek a Rebate for the amount on the enclosed prescription receipt from any other party, including my insurer. I certify that I meet the eligibility requirements to participate in the ViiVConnect Savings Card program. I certify that I am (and, if different, the patient also is) a resident of the United States.

- * 1 Please attach a copy of the Front and Back of your Insurance Card
- * 2 Please attach a copy of your Prescription Medication Label
- * 3 Please attach a copy of your Prescription Medication Receipt
- * Is the information that you provided above complete and accurate?
Yes No