



ALLERGAN® SAVINGS PROGRAMS
ELECTRONIC PAYMENT ENROLLMENT FORM

The default payment method for the Allergan® savings programs is via mailed checks. To enable electronic funds transfer (EFT), also known as ACH, complete this form and fax it to 1-908-941-0463. After submitting the form, you will:

- Receive an email for your office to enter banking information. The email will come from either ozurdexsavingsprogram@allerganeyecue.com or durystasavingsprogram@allerganeyecue.com, depending on the product selected. If you are registering for both products, a separate enrollment form is required for each
- Receive a confirmation call from *Allergan EyeCue*® (if needed)

If your patient qualifies, you have submitted all the required documents for the Allergan® savings program, and they are approved, the estimated time for reimbursement is 3 days via EFT.

Allergan® product: (choose one) []  (bimatoprost implant) 10 mcg For intracameral administration []  (dexamethasone intravitreal implant) 0.7 mg *All fields and signature are required.*

PRACTICE INFORMATION

As you complete the following section, please refer to the practice name, address, and NPI that will be included on the CMS-1500 form and enter the information for each item requested below.

Practice name: _____

Practice address: _____

Practice NPI: _____

PRACTICE CONTACT INFORMATION

Practice Contact Person

This is the contact person who will be setting up the EFT, which entails receiving an email with a link to a secure site to submit bank information to finish enrollment. Please have bank routing and account information ready.

Name: _____

Title: _____

Email (where you'll receive the link to finish EFT enrollment): _____

Phone number: _____

X _____

Contact person's signature

Date

Complete and fax to 1-908-941-0463.

Questions? Contact 1-866-OZURDEX (1-866-698-7339) or 1-833-DURYSTA (1-833-387-9782), option 2.