

Instructions for submitting your MyChoiceRx® program enrollment letter

Getting started

First, grab your insurance card. If you don't have insurance, you don't need to send this letter.

Next, print this document so you can follow the instructions and write in your answers before mailing.

Or if you'd prefer to fill out this form digitally, simply download the PDF to your computer so you can type in your answers and print out the document before mailing.

Filling out the enrollment letter

1. Fill in the name of your insurance company.



Prescription plan name:

2. Look at your insurance card or visit your insurance's website. Fill in the insurance company's address or, if available, their "Rx Claims" address.



Prescription plan address:

3. Fill in your full name.



Patient name:

4. Fill in your "group" number as found on your insurance card.



Group #:

5. Fill in your "ID" number as found on your insurance card.



Patient ID:

6. Fill in the prescription plan name in the body of the letter.



Prescription plan name

7. Sign and send your letter to the prescription plan address you filled in. This can be completed **after** you fill your prescription so there's no delay in getting your medication.

Today's date

Prescription plan name

Prescription plan address

Re: Enrollment in MyChoiceRX for Travatan Z

Patient name:

Group #:

Patient ID:

To whom it may concern,

I am an enrollee in the prescription drug plan by

Prescription plan name

I am writing to notify you that I have enrolled in the MyChoiceRx program by Novartis Pharmaceutical Corporation, which allows patients who have been prescribed TRAVATAN Z® (travoprost ophthalmic solution) 0.004%, and who meet certain eligibility criteria, to purchase TRAVATAN Z® Solution outside of their prescription drug insurance benefits.

As part of my enrollment in MyChoiceRx, I have agreed that, for the rest of the current calendar year, I will not submit any claims for TRAVATAN Z® Solution under my prescription benefit plan, and I won't count my purchase of TRAVATAN Z® Solution toward my true out-of-pocket costs.

Sincerely,

Signature

Printed name