

# **PANCRECARB<sup>®</sup>** *(pancrelipase)*

*Delayed-Release Capsules – Bicarbonate-Buffered and Enteric-Coated Microspheres*

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

### ***Here is how the program works:***

For every 30 day prescription of PANCRECARB<sup>®</sup>, a patient receives a maximum rebate of \$25.00 from their purchase of vitamin supplements, high calorie drinks or other nutritional food sources. The rebate will be given up to a total of \$75.00 for each 90-day supply of PANCRECARB<sup>®</sup>.

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



\* Patients receiving Medicare, Medicaid or are participating in any other State or Federal Subsidized Pharmacy Benefit Program are not eligible for the Nutritional Rebate Program.

**DCI Digestive Care, Inc.**

1120 Win Drive  
Bethlehem, PA 18107  
Voice: 610-882-5950

[www.digestivecare.com](http://www.digestivecare.com)

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(pancrelipase)

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## NUTRITIONAL REBATE PROGRAM<sup>SM</sup>

A maximum rebate of \$25 per 30-day supply of nutritional supplements will be given up to a total rebate of \$75 for each 90-day supply\*

IT'S AS EASY AS **1 - 2 - 3**

- 1. Fill in** the information below
- 2. Enclose Both Receipts:**
  - 1) Your PANCRECARB<sup>®</sup> (pancrelipase) purchase
  - 2) Your Nutritional Product purchase (i.e. grocery receipt)
- 3. Send to** Digestive Care, Inc.

\* Patients receiving Medicare, Medicaid or are participating in any other State or Federal Subsidized Pharmacy Benefit Program are not eligible for the Nutritional Rebate Program.

Please Print Clearly

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

After completing the above information, please return this form, along with **BOTH** receipts for PANCRECARB<sup>®</sup> and your Nutritional Product purchase, and mail to:



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

For Questions or more information please call Customer Service at: 610-882-5950

FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

DATE PROCESSED: \_\_\_\_\_ CHECK #: \_\_\_\_\_