

Patient Mail-In Rebate



UltraSal-ER™
(28.5% Salicylic Acid Extended Release)
Antiviral Film-Forming Solution

Save Up
To \$80!

Dear Patient: To receive a rebate, please complete the following steps:

1. Completely fill out this Rebate Form.
2. Attach the original pharmacy prescription receipt with the product name and price listed. No cash register receipts will be accepted.
3. Make copies for your records.
4. Mail completed Rebate Form and original pharmacy prescription receipt to:

UltraSal-ER Rebate Program
100 Fairway Drive, Suite 134
Vernon Hills, IL 60061

I paid the following co-pay:

\$ _____

Rebate is limited to \$80.00 or the amount of your co-pay, whichever is less.

Name

(Please Print)

Address

City, State, Zip

Signature (Required)

Date

By my signature, I certify that I meet and agree to the terms and conditions listed on this certificate. I certify that I am not being reimbursed by any federal or state healthcare program, including any state medical assistance programs. This certificate must be signed and dated to be valid. Allow 8-10 weeks for delivery of your rebate check.

There is a limit of one rebate for each prescription filled. No duplication or reproduction of this certificate will be accepted. Rebates are not valid for prescriptions reimbursed under any federal or state healthcare program, including any state medical assistance programs. This rebate form and your original pharmacy receipt must accompany this request. Offer void where prohibited by law, taxed, or restricted. Offer good only in the USA. Elorac reserves the right to rescind, revoke, or amend this offer without notice.

UltraSal-ER is a trademark of Elorac, Inc., all rights reserved.
U.S. Patent No. 6979440. Additional U.S. Patent Pending.

