

FRAGMIN® PATIENT ASSISTANCE PROGRAM (Digital Co-Pay Card)



Your physician has provided you with this FRAGMIN Patient Assistance Program card which will provide financial assistance for up to 30% of the cost of your FRAGMIN (Dalteparin Sodium Injection) prescription.*

With this card your claim can be processed immediately. Inform your pharmacist if you have any other drug insurance plans, this may offer further financial assistance. This card is for FRAGMIN reimbursement only.

INFORMATION FOR THE PHARMACIST ONLY

If your patient has an electronic drug plan (either public or private), enter ClaimSecure FRAGMIN Patient Assistance Program card as the SECONDARY plan. If your patient does not have a pay direct plan, please enter ClaimSecure as the primary plan. The payment for the claims should be processed through ClaimSecure in the following manner:

Third-Party Payer: CLAIMSECURE

Certificate Number: 00001001FD

Group ID Number: 37798

Carrier ID: RX

Relationship Code: CARDHOLDER

ClaimSecure Pharmacy Customer Support: 1-800-461-6579

TERMS OF USE

Please retain your FRAGMIN card as you can continue to use it as long as your physician continues your FRAGMIN prescription or until discontinuation of the program. The terms and conditions of the FRAGMIN Patient Assistance Program may change at any time without notice. Any personal data collected will not be provided to the pharmaceutical manufacturer or any third party. Financial assistance amounts may change at the discretion of the manufacturer.

*Refers to drug ingredient cost only plus reasonable markup, and does not apply to dispensing fees.

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