

## Choice Drug Card Prescription Assistance Program



Dear Pharmacist,

Your customer is interested in taking advantage of the **Choice Drug Card** prescription discount/assistance program.

This is a prescription discount program and is not insurance.

Please enter the below information into your system to see what discounts the customer can receive and review with them.

**GROUP ID:** NATIONAL01

**MEMBER ID:** NDC3099

**Walgreen ID:** NDC309901

**BIN:** 009893

**PCN:** ROIRX

**Use:** Envision Rx Options

**Customer Name** \_\_\_\_\_

**Customer Address** \_\_\_\_\_

We appreciate your cooperation and time spent to assist the customer with this matter.

Please return this form to the customer once the information has been saved in your system to the customers account for future purchases.

Sincerely

The Choice Drug Card Team

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

Choice Drug Card  
1800 US-22 W  
Circleville, Ohio 43113  
[contact@choicedrugcard.com](mailto:contact@choicedrugcard.com)

**Pharmacist Helpline**  
**1-800-760-7616**