

THIS VOUCHER BECOMES VALID FOR USE AT A RETAIL PHARMACY AFTER PHONE ENROLLMENT IS COMPLETED.



1.866.728.4368

www.BridgesToAccess.com

PATIENT VOUCHER

Patient Name: _____

Advocate Name: _____

Advocate Phone Number: (____) _____

This patient voucher serves two purposes: [1] it is your program identification, and [2] it will help your pharmacy process your prescription claim correctly.

HOW TO FILL YOUR INITIAL PRESCRIPTION THROUGH BRIDGES TO ACCESS:

- After your advocate successfully enrolls you by phone, take this voucher and your GSK prescription(s) to a local retail pharmacy.
- You may obtain your first 30-day supply for a minimum copay per fill, per drug.
- Refills for most medicines are available through our mail order pharmacy. Up to a 90-day supply of medication will be mailed to the shipping address on your application upon receipt of your completed enrollment documents and program qualification.
- If you do not receive your medication before your 30-day supply runs out, or if you have any questions, contact your advocate.

PATIENT ID#:

PHARMACY PROCESSING INFORMATION

Processor - McK

RxBIN - 610500

RxGRP - H1160001

Pharmacy Questions - Call 1.866.728.4368
between 8:00am - 8:00pm Eastern Time

