



## Present this coupon for a **FREE 90-day** prescription of **omeprazole\*** or **pantoprazole.**

To the pharmacist:

The coupon is valid for both retail and mail-order pharmacies within **Providence Health Plan's** network.

Enter **937626729** in prior authorization field to waive patients' copay based on their benefit plan.

For assistance in processing claims, call the **Providence Health Plan Pharmacy Help Desk** at **503-574-7400** or **877-216-3644**.

*\* Discount applies to prescription omeprazole only. Does not apply to OTC.*