



Present this coupon for a

FREE 90-day Prescription of **Omeprazole***

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
Providence Health Plan Pharmacy Help Desk at
503-574-7400 or **1-877- 216-3644**

** Discount applies to prescription Omeprazole only. Does not apply to OTC.*