



Present this coupon for a **FREE 90-day** prescription of **simvastatin*** or **pravastatin***.

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.**

** Subject to benefit and contract limits.*