



**ALLERGAN® SAVINGS PROGRAMS  
ELECTRONIC PAYMENT ENROLLMENT FORM**

The default payment method for the Allergan® savings programs is via mailed checks. To enable electronic funds transfer (EFT), also known as ACH, complete this form and fax it to 1-908-941-0463. After submitting the form, you will:

- Receive an email for your office to enter banking information. The email will come from either ozurdexsavingsprogram@allerganeyecue.com or durystasavingsprogram@allerganeyecue.com, depending on the product selected
- Receive a confirmation call from *Allergan EyeCue®* (if needed)

If your patient qualifies, you have submitted all the required documents for the Allergan® savings program, and they are approved, the estimated time for reimbursement is 3 days via EFT.

**Allergan® product:** (choose one)   (bimatoprost intracameral implant) 10 mcg   (dexamethasone intravitreal implant) 0.7 mg *All fields and signature are required.*

- **If you use both OZURDEX® and DURYSTA® in your practice, you must complete a separate enrollment form for each product**
- **If you have more than one practice NPI, you must submit an enrollment form for each one**

PRACTICE INFORMATION	<p>As you complete the following section, please refer to the practice name, address, and NPI that will be included on the CMS-1500 form and enter the information for each item requested below.</p> <p><b>Practice name:</b> _____</p> <p><b>Practice address:</b> _____                  _____                  _____</p> <p><b>Practice NPI:</b> _____</p>
PRACTICE CONTACT INFORMATION	<p><b>Practice Contact Person</b></p> <p>This is the contact person who will be setting up the EFT, which entails receiving an email with a link to a secure site to submit bank information to finish enrollment. Please have bank routing and account information ready.</p> <p><b>Name:</b> _____</p> <p><b>Title:</b> _____</p> <p><b>Email</b> (where you'll receive the link to finish EFT enrollment): _____</p> <p><b>Phone number:</b> _____</p> <p><b>X</b> _____</p> <p><b>Contact person's signature</b> _____ <b>Date</b> _____</p>

**Complete and fax to 1-908-941-0463.**  
**Questions? Contact 1-866-OZURDEX (1-866-698-7339) or 1-833-DURYSTA (1-833-387-9782), option 2.**