

PATIENT: Present this card to a participating pharmacy to receive a discount on your prescription. This card is not valid for Medicaid or Medicare patients, including Medicare Part D or other state or federal programs.

PHARMACISTS:

Submit claim to Argus Health Systems:
BIN # 600428 / PCN # 05080000 /
Group # 05360055. The requirements for claim processing are: card ID, cardholder first and last name, patient first and last name, date of birth, product information and quantity / day supply.

For processing questions, call Argus Health Systems at 1-866-921-7284.



Name: Preferred Customer

BIN #: 600428

PCN #: 05080000

Group #: 05360055

Patient ID #: KTT71860

THIS IS NOT INSURANCE
www.nationalrxcard.com