XTRAC®
LIVE CLEAR. LIVE FREE.

MAIL IN REBATE

Up to **$500** Off!

Receive your rebate amount up to $50 per treatment, when you are treated with XTRAC a minimum of 8 times in 42 days or less.

TERMS AND CONDITIONS:

Use of this rebate is subject to all the rebate program requirements, mentioned at www.xtrachelps.com and those mentioned below.

- The rebate program is offered to patients beginning a new XTRAC treatment regimen ("course"). To be eligible for additional rebates, there must be a minimum of 90 days between the last qualifying treatment date for an XTRAC rebate coupon and the next qualifying treatment date.
- The rebate is limited to the lower of your actual out of pocket expense or $50 per XTRAC treatment; only 1 rebate allowed per single treatment of XTRAC; 10 rebates per person per course of treatment.
- In order to qualify for the rebate program, patients must provide proof of receiving a minimum of 8 treatments within 42 days.
- This rebate request form must be submitted within 180 days of the final qualifying XTRAC treatment date.
- Offer good only in U.S.A. and if treated at the office of a physician currently eligible to participate in the XTRAC patient rebate program.
- This offer is only valid for patients with commercial insurance and eligible uninsured cash-pay patients. No rebate will be allowed for costs paid for entirely by insurance plans. Not valid if reproduced or submitted to another payer. This program is not available to individuals who use any state or federal government-funded healthcare program to cover a portion of treatment or medication costs, such as Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Administration. Void where prohibited, taxed, or otherwise restricted by law.
- It is illegal for any person to sell, purchase, trade, or offer to sell, purchase, or trade, or counterfeit this rebate.
- We reserve the right to rescind, revoke, or amend this offer without notice.
- All rebate coupon redemption requests are subject to direct confirmation from the treating physician.

TO RECEIVE YOUR REBATE:

Fill in your information in the form below and send the completed form along with either of the following documents:

☐ Original explanation of benefits (EOB) from your health insurer for each XTRAC treatment

Or

☐ Itemized billing statement from your physician's office, indicating dates of XTRAC treatments and patient portion amount paid per treatment after all applicable adjustments

Make copies of required documentation for your records. Please allow 4 to 6 weeks, after all required information has been received, for processing of your rebate.

PLEASE FILL (PRINT):

PATIENT INFORMATION

PATIENT NAME

GUARDIAN NAME *(if patient is a minor)*

PATIENT ADDRESS

CITY | STATE | ZIP

PATIENT PHONE NUMBER *(important, if we have any questions about your rebate)*

PATIENT EMAIL

By signing, I certify that I have complied with all of the requirements of the rebate program, and that I have read and understand the terms and conditions for the rebate program and I agree to be bound by them.

PATIENT/GUARDIAN SIGNATURE

PHYSICIAN INFORMATION

PRACTICE NAME

PHYSICIAN'S NAME

PRACTICE ADDRESS

CITY | STATE | ZIP

By signing, I attest that the above noted patient was treated with the XTRAC Excimer laser. Other lasers or phototherapies are excluded from this rebate.

SIGNATURE OF TREATING PHYSICIAN /OFFICE PERSONNEL

The information you provide will be used by STRATA Skin Sciences, the maker of XTRAC, our affiliates and our service providers to provide benefits to you related to the use of XTRAC Rebate Program.

☐ *Please check if you would like to decline receiving future information on XTRAC or related health & product information.*

MAIL TO:

XTRAC Rebate Program
86 Gaston Westbrook Avenue, #237
Emerson, GA 30137
Phone: 800-499-4835