



# PATIENT SAVINGS REBATE

## Up to **\$50 Off!**\*

For eligible XTRAC patients, this mail-in rebate offers reimbursement of up to **\$50 per treatment**, or the US dollar amount equivalent to patient's per treatment co-pay or "out-of-pocket" cost, whichever amount is less.

\* Eligibility, terms and conditions apply

### ELIGIBILITY:

- This mail-in savings offer is only valid for patients actively enrolled in a commercial insurance plan, eligible uninsured cash-pay patients, and excludes patients actively enrolled and submitting claims through any state or federal government-funded healthcare program such as Medicare, Medicaid, TRICARE, Department of Defense, or Veterans Administration. Offer is void where prohibited, taxed, or otherwise restricted by law.
- This mail-in savings offer is valid exclusively for eligible patients receiving XTRAC treatments in the U.S.A. at an authorized XTRAC treatment provider. See [www.XTRACCLEAR.com](http://www.XTRACCLEAR.com) for more information.

### TERMS AND CONDITIONS:

**Use of this rebate is subject to all the rebate program requirements, mentioned at [www.xtrachelps.com](http://www.xtrachelps.com) and those mentioned below.**

- This mail-in rebate offer is valid for eligible patients starting a new XTRAC treatment regimen ("course") prescribed by their dermatology healthcare provider.
- To qualify for rebate payments, patients must provide proof of XTRAC treatments conducted within a 90-day treatment period, starting with the calendar date of treatment 1.
- XTRAC therapy relies on regular treatments conducted over a period of weeks or months which will be determined and scheduled by your dermatology healthcare provider. To ensure treatment compliance, rebate submission requests require a minimum of 5 completed

treatments, up to a maximum of 20 total treatments per patient, per course of therapy, over a 90-day treatment period.

- Rebate payments are based on actual patient "out-of-pocket" expenses incurred at the time of treatment, up to a maximum of \$50 per treatment, whichever is less.
- Rebate submissions may be valid for up to 20 treatment sessions per course of therapy conducted over a consecutive 90-day period.
- To be eligible for additional rebates in a new treatment "course," there must be a minimum of 90-days between the last qualifying treatment expense in "course 1" and the first qualifying treatment date in "course 2."
- Not valid if reproduced or submitted to another payer.
- The final rebate request form associated with a "course" of therapy must be submitted within 180 days of the final qualifying XTRAC treatment date.
- It is illegal for any person to sell, purchase, trade, or offer to sell, purchase, or trade, or counterfeit this rebate.
- STRATA Skin Sciences, Inc. reserve the right to rescind, revoke, or amend this offer at any time and without notice.
- All mail-in 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, for each completed XTRAC treatment, a minimum of 5 completed treatments required per rebate submission. [ 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.

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

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