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| Company Information – Alcon Cares Patient Assistance Program |
| Company Name  | Alcon |
| Medication Names | Betopic-S, Travatan, Timolol, Azopt, Brimonidine, Pilocarpine |
| Mailing Address | TB 3-4 6201 South Freeway, Forth Worth, TX 76134-0450 |
| Phone | 1-800-222-8103 |
| Fax | 1-800-554-2660 |
| Website | [www.alcon.com](http://www.alcon.com) & search patient assistance  |
| Other Instructions | [www.alcon.com/en/docs/PatientAssistProgForm.pdf](http://www.alcon.com/en/docs/PatientAssistProgForm.pdf) |
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| Application Information – All applications require the doctor’s signature |
| Send completed application  | Attach Proof of Income to all applications |
| Mail completed form to CECA:10431 Patterson Ave, Richmond, VA 23238 | The doctor will sign the form, We will mail it back to you to send in.*New applications can be faxed or mailed* |
| Application valid for: | Valid for 1 year |
| Amount received each order: | You will receive a 6 month supply  |
| Refill and Renewal Information |
| Renewal app. to be done | A Renewal application should be done each year |
| Refills to be done:  | Re-Order when you start your last bottle! |
| Automated Refill options: | Not currently available |
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| Commonwealth Eye Care Contact Information |
| Shauna Shirey, COA  | Phone: 804-217-6363 Email: shauna@commonwealtheye.com |
| Stacy Wright, COA | Phone: 804-217-6363Email: stacy@commonwealtheye.com |