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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 |
|  | |
| Commonwealth Eye Care Contact Information | |
| Shauna Shirey, COA | Phone: 804-217-6363  Email: shauna@commonwealtheye.com |
| Stacy Wright, COA | Phone: 804-217-6363  Email: stacy@commonwealtheye.com |