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| Company Information – Allergan Patient Assistance Program  |
| Company Name  | Allergan  |
| Medication Names | Alphagan P, Lumigan, Combigan, Restasis |
| Mailing Address | P.O. Box 42847, Cincinnati, OH 45242 |
| Phone | 1-800-553-6783 |
| Fax | 1-513-618-0054 |
| Website | [www.rxhope.com/allergan](http://www.rxhope.com/allergan) |
| Other Instructions | Patient can initiate the application process online |
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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 the form back to you to send *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 application 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 |