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| Company Information – Merck Patient Assistance Program |
| Company Name  | Merck  |
| Medication Names | Cosopt, Trusopt |
| Mailing Address | P.O. Box 690, Horsham, PA 19044-9979  |
| Phone | 1-800-727-5400 |
| Website | [www.merck.com/merckhelps/](http://www.merck.com/merckhelps/) |
| Other Instructions | From the website: Click onto the Patient assistance program to request application |
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| Application Information – All Applications require the Doctors 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.*All applications for Merck must be mailed* |
| Application valid for: | Valid for 1 year |
| Amount received each order: | Each order will contain a packing slip with a RX Number and # of refills remaining. You will need this RX Number for renewals.  |
| Refill and Renewal Information |
| Renewal application to be done: | When no refills are listed on the packing slip, a new application must be submitted. |
| Refills to be done: | Re-order when you start your last bottle! |
| Automated Refill options: | 1-800-496-1365 (automated)You will need your RX Number for this call |
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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 |