|  | |
| --- | --- |
| 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 |
|  | |
| 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 |
|  | |
| 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 |