

ALLERGAN® SAVINGS PROGRAMS ELECTRONIC PAYMENT ENROLLMENT FORM

The default payment method for the Allergan® savings programs is via mailed checks. To enable electronic funds transfer (EFT), also known as ACH, complete this form and fax it to 1-908-941-0463. After submitting the form, you will:

- Receive an email for your office to enter banking information. The email will come from either
 ozurdexsavingsprogram@allerganeyecue.com or durystasavingsprogram@allerganeyecue.com, depending on the product selected.
 If you are registering for both products, a separate enrollment form is required for each
- Receive a confirmation call from Allergan EyeCue® (if needed)

If your patient qualifies, you have submitted all the required documents for the Allergan® savings program, and they are approved, the estimated time for reimbursement is 3 days via EFT.

Allergan® product: (choose one)





All fields and signature are required.

PRACTICE INFORMATION	As you complete the following section, please refer to the practice name, address, and NPI that will be included on the CMS-1500 form and enter the information for each item requested below. Practice name: Practice address:			
	Practice NPI:			
	IICE CONTACT INFORMATION	Practice Contact Person This is the contact person who will be setting up the EFT, which entails receiving an email with a link to a secure site to submit bank information to finish enrollment. Please have bank routing and account information ready.		
		Name:		
Title:				
Email (where you'll receive the link to finish EFT enrollment):				
Phone number:				
PRACTICE	X			
<u> </u>	Contact person's signature	Date		

Complete and fax to 1-908-941-0463.

Questions? Contact 1-866-0ZURDEX (1-866-698-7339) or 1-833-DURYSTA (1-833-387-9782), option 2.

