



PLATINUM TOTAL SATISFACTION GUARANTEE

PATIENT SATISFACTION IS OUR PRIORITY!



EYE CARE PROFESSIONAL

Alcon wants your patients to See, Look and Feel their best! You can prescribe Alcon contact lenses with confidence knowing that if your patients are not 100% satisfied with the Alcon contact lenses they purchased from you, they can return their remaining supply of Alcon lenses (both opened and unopened boxes) to you within 60 days of purchase in exchange for a full refund (or credit towards new lenses). You, as the eye care professional, will receive a credit from Alcon (or your authorized Alcon distributor) in exchange for the return of your patient's remaining supply.* In addition, your patient is eligible to receive a reimbursement from Alcon for the cost of their original fitting fee (up to \$60) in the form of an Alcon VISA pre-paid card.

You will receive a credit from Alcon (or your authorized Alcon distributor) for the return of your patient's remaining supply of lenses under the program if:

- (A) your patient was fit for the first time in any of Alcon's AIR OPTIX® or DAILIES® branded lens products;
- (B) your patient returned all lenses (in opened and/or unopened boxes) remaining from the original Alcon lens purchase within 60 days of the original purchase. [NOTE: The returned lenses should be in a quantity that reasonably reflects the original purchase less the quantity of lenses representing up to 60 days of wear];
- (C) you provided your patient a refund or credit for the total purchase price of the Alcon contact lenses; and
- (D) you return all unopened, unexpired product received from your patient to your original place of purchase, either Alcon or an Alcon-authorized distributor, within 120 days from the date of the patient's original purchase, together with this completed form, invoice number, and a copy of your patient's receipt evidencing the purchase and return. If returning to Alcon, you do not need to complete Alcon's Product Return Form.

ALCON OR AUTHORIZED DISTRIBUTOR ACCOUNT INFORMATION

Account Name: _____ Contact Person: _____

Account Bill To Number: _____

Account Ship To Number: *(If different from Bill To:)* _____

Address: _____

City: _____ State: _____ Zip: _____ Account Phone Number: _____

Name of Alcon Sales Representative: _____ Phone: _____

Name of Distributor Representative: _____ Phone: _____

Why is the patient returning the lenses?

(Patient First and Last Name: _____)

Note: For product or medical complaints (e.g., issue before use/wear or issue associated with use/wear), you are required to call 1-800-757-9780 to report the complaint, within 24 hours of first becoming aware of the event.

***TERMS AND CONDITIONS:**

Offer valid for U.S. accounts only. Offer not valid where prohibited by law. Maximum value of credit equals the amount you paid Alcon (or Alcon's authorized distributor) for the original product (i.e., the ECP's purchase price). Claim must be received within 120 days from the date of the patient's original purchase. Limit one claim for credit per patient. The eligibility requirements and procedures set forth above apply to all returns under the Platinum Total Satisfaction Guarantee and must be followed. Allow approximately 2-3 weeks for credit to post to your account after receipt of returned product. Fraudulent submissions could result in prosecution. Alcon is not responsible for lost, late, damaged, illegible, undelivered, or postage-due Platinum Total Satisfaction Guarantee submissions, which will not be honored. Alcon reserves the right to modify or cancel this program at any time without notice or deny reimbursement where fraud is suspected. This Platinum Total Satisfaction Guarantee applies to Alcon lens purchases through January 31, 2019.

We recommend you make photocopies of your entire submission for your records.

For questions about the Platinum Total Satisfaction Guarantee, please call 1-800-241-5999.