



# PLATINUM TOTAL SATISFACTION GUARANTEE

YOUR SATISFACTION IS OUR PRIORITY!

Doctor,

Alcon cares about the eye health and satisfaction of your patients! If your patient doesn't believe that their DAILIES® or AIR OPTIX® brand contact lenses are the best they've ever worn after 30 days, please allow them to return their product to you and provide the information on page 2 of this document for the patient to qualify for a mail-in rebate (in the form of a Visa prepaid card) for the cost of their original fitting fee (up to \$60).

## ALCON OR AUTHORIZED DISTRIBUTOR ACCOUNT INFORMATION

(For Office Use Only)

Account Name

Contact Person

Account Number(s) Please complete both if different

Bill To

Ship 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 Preference: cancelled/refused, shipped in error, courier damage or damage in-transit
- Product or medical complaint: issue before use or wear of product OR issue associated with use or wear of product  
(Patient First/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.**

## PROGRAM TERMS AND CONDITIONS

### Eye Care Professionals:

1. Please see the "Patients" section on page 2 for important Terms and Conditions for this Guarantee.
2. Complete the Alcon or Authorized Distributor Account information on page 1 of this form. If this form is not included with returned boxes, open boxes, marked boxes, or damaged boxes, it will not be honored for credit.
3. Expired product will not be honored for credit. Limit one claim per patient per promotional period.
4. Mail the completed form on page 1, the product invoice, a copy or the original patient receipt, and returned product, to:

*(if purchased from Alcon)* Alcon, Attention: Lens Returns, 11460 Johns Creek Parkway, Duluth, GA 30097

*(if purchased from your authorized distributor)* return to 

Please save a copy of this Guarantee return form and all documentation. Alcon is not responsible for lost, damaged, postage-due or misdirected submissions.

5. Credit for returned product will be posted to your account. Allow approximately 10 business days after product (with all necessary documents) is received by Alcon or your ADN authorized distributor to receive credit.
6. You agree by submitting the materials under this Guarantee to Alcon that you have refunded or credited the patient for the cost of all returned lenses, and that, to your knowledge, the patient was not previously a wearer of the returned contact lens brand prior to fitting.
7. Alcon reserves the right to modify or cancel this program at any time without notice, or to deny reimbursement where fraud is suspected.
8. For questions or additional Platinum Total Satisfaction Guarantee return forms, please call your Alcon representative at 1-800-241-5999.



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## Patient instructions to submit your Platinum Total Satisfaction Guarantee Mail-In Rebate

- 1) Return your contact lenses to your doctor, and obtain a copy of the receipt for your original fitting fee.
- 2) Go online to [www.myalconlensrebates.com](http://www.myalconlensrebates.com) and enter code: PG-81461-022015 (or first login if you are a returning rebate user)
- 3) Follow the steps online to register for your Platinum Total Satisfaction Guarantee rebate. Print the official rebate form, include a copy of the receipt for your original fitting fee, and postmark to the address listed on the form within 90 days of your purchase. After mailing in your documentation for processing, please allow 6-8 weeks for receipt of your pre-paid card.

### PROGRAM TERMS AND CONDITIONS

#### Patients:

1. The Platinum Total Satisfaction Guarantee ("Guarantee") is valid only for patients being fit for the first time in one of the following Alcon contact lens brands: AIR OPTIX® NIGHT AND DAY® AQUA, AIR OPTIX® AQUA, AIR OPTIX® for Astigmatism, AIR OPTIX® AQUA Multifocal, AIR OPTIX® COLORS, DAILIES TOTAL1®, DAILIES® AquaComfort Plus®, DAILIES® AquaComfort Plus® Multifocal, DAILIES® AquaComfort Plus® Toric, FOCUS® DAILIES® Toric, FOCUS® DAILIES® Progressives or FreshLook®. Current wearers of one of these brands are eligible so long as they are being fit for the first time in a different qualifying brand (for example, a patient currently or previously wearing AIR OPTIX® AQUA contact lenses is not eligible for the Guarantee if being fit again in AIR OPTIX® AQUA, but is eligible if switching from AIR OPTIX® AQUA to DAILIES® AquaComfort Plus® contact lenses for the first time). This Guarantee is available through participating Eye Care Professionals only and is not valid for purchases made through online retailers, whose own return policies apply. An eligible patient who submits a valid Guarantee claim will receive reimbursement from the participating Eye Care Professional for returned product (credit or refund, subject to the seller's policy) and reimbursement from Alcon for up to \$60.00, in the form of a Visa pre-paid debit card, for the applicable original fitting fee paid, all subject to these Terms and Conditions.
2. Patient should try the lenses for at least 30 days from purchase date. Returns under this program will not be accepted if they are submitted earlier than 30 days after lens purchase. **Contact lens purchase must be made between February 1, 2015 and January 31, 2016 and postmarked by May 1, 2016. If you do not have access to internet, or would like assistance registering your rebate please call 1-855-785-6629. This will add two weeks processing time.**
3. All unused product must be returned to the place of purchase which will provide the applicable refund or product credit. Product without a UPC code will not be accepted for credit.
4. Guarantee is not valid with any other offers on the same product, including, without limitation, an Alcon rebate. If a patient submits both a rebate request and Guarantee request, Alcon reserves the right to deny either or both requests.
5. Limit one claim per patient, per product, per guarantee period.. Limit two opened boxes per person, and the total number of returned opened and unopened boxes must not exceed the number of boxes comprising an annual supply of lenses (4 for AIR OPTIX® Brand Contact Lenses, 8 for DAILIES® Brand Contact Lenses (90 packs), and 24 for DAILIES® Brand Contact Lenses (30 packs). Offer valid only for purchases made in the U.S. by U.S. residents. Not valid where prohibited by law.
6. Maximum value of reimbursement for original fitting fee is \$60.00. Reimbursement will be in the amount actually paid (up to \$60) and made in the form of a Visa pre-paid debit card, which is issued by MetaBank®, Member FDIC, pursuant to a license from Visa U.S.A., Inc. Cards can be used anywhere Visa debit cards are accepted in the United States and U.S. Territories. Prepaid card is not redeemable for cash or usable at any ATM.
7. If the patient or his/her Eye Care Professional filed a claim of reimbursement from a third party payer (e.g. vision insurance, medical plan, vision discount plan, etc.) for the applicable product purchase, the patient must notify that payer about this refund.
8. To submit a claim for reimbursement of the product original fitting fee, follow the patient instructions on this form to submit your rebate within 90 days of purchase. Please save a copy of this Guarantee return form and all documentation. Alcon is not responsible for lost, damaged, postage-due or misdirected submissions or for lost or damaged reimbursements. Allow 6-8 weeks for processing.
9. Alcon reserves the right to modify or cancel this program at any time without notice, or to deny reimbursement where fraud is suspected.
10. If you have questions about this program, please ask your Eye Care Professional.

**Important information for AIR OPTIX® AQUA (Iotrafilcon B), AIR OPTIX® for Astigmatism (Iotrafilcon B) and AIR OPTIX® AQUA Multifocal (Iotrafilcon B) contact lenses:** For daily wear or extended wear up to 6 nights for near/far-sightedness, and/or astigmatism, and/or presbyopia. Risk of serious eye problems (i.e. corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

**Important information for AIR OPTIX® NIGHT & DAY® AQUA (Iotrafilcon A) contact lenses:** Indicated for vision correction for daily wear (worn only while awake) or extended wear (worn while awake and asleep) for up to 30 nights. Relevant Warnings: A corneal ulcer may develop rapidly and cause eye pain, redness or blurry vision as it progresses. If left untreated, a scar, and in rare cases loss of vision, may result. The risk of serious problems is greater for extended wear vs. daily wear and smoking increases this risk. A one-year post-market study found 0.18% (18 out of 10,000) of wearers developed a severe corneal infection, with 0.04% (4 out of 10,000) of wearers experiencing a permanent reduction in vision by two or more rows of letters on an eye chart. Relevant Precautions: Not everyone can wear for 30 nights. Approximately 80% of wearers can wear the lenses for extended wear. About two-thirds of wearers achieve the full 30 nights continuous wear. Side Effects: In clinical trials, approximately 3-5% of wearers experience at least one episode of infiltrative keratitis, a localized inflammation of the cornea which may be accompanied by mild to severe pain and may require the use of antibiotic eye drops for up to one week. Other less serious side effects were conjunctivitis, lid irritation or lens discomfort including dryness, mild burning or stinging. Contraindications: Contact lenses should not be worn if you have: eye infection or inflammation (redness and/or swelling); eye disease, injury or dryness that interferes with contact lens wear; systemic disease that may be affected by or impact lens wear; certain allergic conditions or using certain medications (ex. some eye medications). Additional Information: Lenses should be replaced every month. If removed before then, lenses should be cleaned and disinfected before wearing again. Always follow the eye care professional's recommended lens wear, care and replacement schedule. If you have questions, ask your Eye Care Professional or contact at (800) 875-3001 or go to [airopix.com](http://airopix.com).

**Important information for AIR OPTIX® COLORS (Iotrafilcon B) contact lenses:** For daily wear only for near/far-sightedness. Contact lenses, even if worn for cosmetic reasons, are prescription medical devices that must only be worn under the prescription, direction and supervision of an eye care professional. Serious eye health problems may occur as a result of sharing contact lenses. Although rare, serious eye problems can develop while wearing contact lenses. Side effects like discomfort, mild burning or stinging may occur. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your eye doctor.

**Important Information for FreshLook® (phemfilcon A) Contact Lenses:** Contact lenses, even if worn for cosmetic reasons, are medical devices that must only be worn under the prescription, direction and supervision of an eye care professional. Serious eye health problems may occur as a result of sharing contact lenses