

MANUFACTURER'S COUPON EXPIRES 12/31/09

SAVE \$150



on Bayer's Microlet® Colored Lancets



Offer only valid for patients with diabetes. Claims for lancets cannot be submitted for reimbursement to any public (e.g., Medicare or Medicaid) insurer or to any private insurer in Massachusetts or any other state where prohibited by law.

CONSUMER: Limitations and restrictions apply. Offer valid only for patients with diabetes. This offer cannot be combined with any other offer/discount. Medicare and Medicaid beneficiaries are not eligible. Not valid in MA or any other state where prohibited by law. This coupon is valid at Retail Pharmacy only and must be redeemed at time and place of purchase. You must pay any applicable sales tax. Void where prohibited and if sold, exchanged or transferred. Good only in the USA including its territories and possessions and U.S. military bases. Limit one coupon per customer for purchase of product indicated. Coupons are good only in area(s) where originally distributed and cannot be bought, sold or exchanged for cash, other coupons or certificates. Coupons are redeemable only by a qualifying consumer purchasing the specific brand(s), product(s), limited to the quantity and sizes stated on the coupon, with the face value of the coupon deducted from your retail price. Coupons may not be used in combination (two or more) to purchase the same product.

RETAILER: Coupon good only for the specific brand(s), product(s), limited to the quantity and sizes stated on the coupon. Bayer will only accept properly redeemed and identified coupons. Bayer will reimburse up to \$1.50 plus 8¢ handling fee when submitted in compliance with the Bayer HealthCare LLC Coupon Redemption Policy, incorporated herein by reference. Failure to produce on request invoices, providing purchase of product covering coupons or use not consistent with these terms constitute fraud and could result in federal prosecution under the U.S. Mail Fraud Statutes (18 USC, Section 1341 & 1342) and shall void all coupons for redemption. For coupon reimbursement, write in Redemption Value: \$ _____ and mail coupon (no photocopies or facsimiles) to:

Bayer HealthCare LLC, Diabetes Care
P.O. Box 880496
EL Paso, TX, 88588-0496

Offer expires December 31, 2009. All required materials must be postmarked by January 31, 2010. If you have questions about this offer, call 1-888-442-2937, option #2.

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Retail Price: _____
(required to ensure proper reimbursement)



Store Stamp (required to ensure proper reimbursement)