



MAIL IN REBATE

UP TO
\$300
OFF!

Receive your rebate amount,
up to \$30 per treatment,
when you are treated with
XTRAC® Targeted Therapy

You will receive your patient portion amount, up to \$30.00 per treatment, when you are treated with the XTRAC® Excimer Laser (for up to 10 treatments per course of treatment).

TO RECEIVE YOUR REBATE:

For Insured Patients, enclose:

- An original explanation of benefits (EOB) from your health insurer

For Cash Pay Patients, enclose

- Original, signed physician's medical bill (indicating treatment with the XTRAC® Excimer Laser)

All rebate coupon redemption requests are subject to direct confirmation from the treating physician.

- Make copies of required documentation for your records.
- Fill in your information on the rebate and send in the completed rebate form and documents to:

XTRAC® Rebate Program
P.O. Box 99, Acworth, GA 30101-0099

P/N: 12-95261-01 Rev D 04/12

Limit: Effective April 15, 2012 individual rebates not to exceed the rebate amount or \$30.00, only 1 rebate allowed per single treatment of XTRAC®, 10 rebates per person per course of treatment.

Offer good only in U.S.A., if treated at the office of a physician participating in the XTRAC® laser consignment program. Void where prohibited by law, taxed, or otherwise restricted. No discount will be allowed for costs paid for entirely by insurance plans, or purchased under any federal government healthcare program, including Medicare or Medicaid, as well as any similar federal or state government healthcare programs. For customers in Massachusetts, this rebate is valid only for those without any health insurance coverage. Not valid if reproduced or submitted to other payer. It is illegal for any person to sell, purchase, trade, or offer to sell, purchase, or trade, or counterfeit this rebate. PhotoMedex reserves the right to rescind, revoke, or amend this offer without notice.

Please allow 4-6 weeks for delivery of rebate.

Please Print:

Last Name First Name

Patient Address

City State Zip

Patient Phone Number (Important, if we have any questions about your rebate)

Patient Email

Physician's Name City State Zip

By signing the card I attest that the above noted patient was treated with the XTRAC® Excimer laser. Other excimer lasers or phototherapies are excluded from this rebate.

Signature of treating physician office personnel

Please check if you would like to decline receiving future information on XTRAC® or related health & product information from PhotoMedex.