

Take Control of Your Diabetes with the Help of Diabetic Sense

By taking an active role in your care and working with your health care team, you can take control of your diabetes.

Diabetic Sense is focused on helping you achieve appropriate control of your diabetes through consistent blood glucose self-monitoring, support and education.

- Diabetic supplies provided with either no copayment or at the preferred copayment level
 - Convenient home delivery
 - Free meter exchange
 - Toll-free support hotline
 - Refill reminders
- Free educational materials

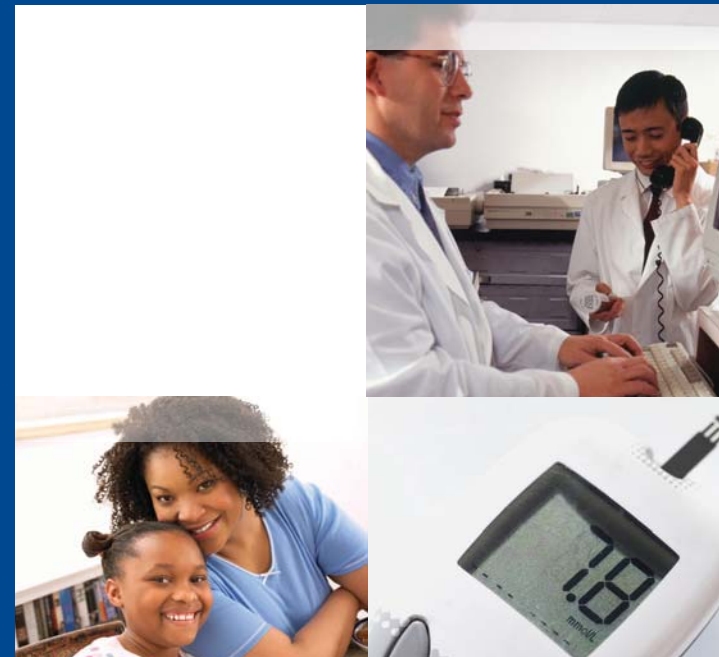


We are authorized by your health plan's contract with us to invite you to participate in this educational program. Your inclusion in our mailing list is Protected Health Information (PHI) and we will not use or disclose it further. Please be assured that any use of your PHI is pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and your state's privacy laws. The Diabetic Sense program is offered by Catalyst Rx as part of your pharmacy benefit management program. Catalyst Rx is compensated for providing pharmacy benefit management services, including the Diabetic Sense program. If you do not wish to receive future communications regarding the Diabetic Sense Program, please call 301-296-4943 or send an e-mail to opt-out@catalystrx.com.



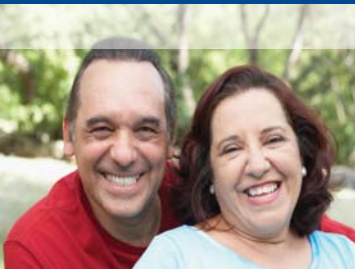
1-877-852-3512

www.catalystrx.com



EMPOWER Yourself





Empower Yourself

Living with diabetes can be an every day challenge. Research shows that to maintain control of your blood glucose levels and reduce your risk of diabetes-related complications, you must check your blood sugar every day using an accurate blood glucose monitoring system while maintaining a healthy and balanced lifestyle.

Now you can empower yourself to meet the challenge of diabetes through participation in the Catalyst Rx Diabetic Sense program. Diabetic Sense will assist you with your therapy compliance and improve your quality of life through valuable benefits, products and services.

This program is available to you as part of your pharmacy benefit coverage and participation in the program is free of charge. Please note that copayments may apply for the purchase of diabetic supplies.

Program Benefits:

- Valuable savings on Roche Diagnostics and Bayer HealthCare diabetes care products through our vendor partner, Liberty Medical Supply (Liberty)
- Telephone access to diabetes specialists and Registered Pharmacists during normal business hours, Monday – Friday, 8:00 a.m. to 5:00 p.m. EST
- Extended customer service hours (8:00 a.m. to 8:00 p.m. EST, Monday – Friday and Saturday 9:00 a.m. to 3:00 p.m. EST)
- Reorder reminders so you always have the supplies you need on hand
- Complimentary educational materials
- Quarterly telephonic testing reminders (eye and foot exams, A1c testing, etc.)

Covered & Available Supplies¹:

- Free Blood Glucose Monitor²
- Blood Glucose Test Strips
- Lancets
- Spring-Powered Device for Lancets
- Syringes
- Alcohol Pads
- B-D Pens
- 3cc Novo Pens

¹ Supplies are covered and delivered conveniently to your home through the Liberty mail order program. If you choose to purchase supplies through retail outlets, higher copayments may apply.

² Applies to Bayer HealthCare Ascensia® meter and Roche Diagnostics Accu-Chek® meters only. If you already have one of these models, you may continue to use it. If you have a different meter, we will exchange it for free. You will receive instructions on how to use your monitor with your shipment.

Certain plan restrictions may apply; please call for details.

You are the most important person in the management of your diabetes.

Enroll now and empower yourself to take control.

1-877-852-3512



ENROLL TODAY

Please complete the enrollment form below and mail to:
Liberty Medical Supply
2157 Apperson Drive
Salem, VA 24153
A representative will contact you to confirm your enrollment.
For faster service, enroll by telephone at 1-877-852-3512.

Name: _____

Address: _____

City, State, ZIP: _____

Telephone: (_____) _____

Best Contact Time: Morning Afternoon Evening

E-mail: _____

Date of Birth: _____

Preferred Language: English Spanish

Monitor Type: _____ Tests/Day: _____

Type of Syringe: _____ Injections/Day: _____

Physician's Name: _____

Physician's Phone #: _____

SUPPLIES NEEDED:

Meters Qty: _____ Test Strips Qty: _____

Lancets Qty: _____ Alcohol Pads Qty: _____

Syringes Qty: _____

Other _____ Qty: _____

PATIENT AGREEMENT/MEDICAL RELEASE

I verify that the information provided is complete and accurate. I authorize a member of Liberty Medical Supply (Liberty) to contact me to discuss my diabetic supply needs. I also permit Liberty to exchange information with my Physician, Insurance Company, the Centers for Medicare and Medicaid Services or Employer as necessary to verify my benefits and to submit insurance claims on my behalf for the dispensed supplies. In addition, I authorize payment of medical benefits related to the dispensed supplies directly to Liberty. This authorization shall extend to all claims submitted to Liberty on my behalf. By signing this, I agree to accept responsibility for all charges not paid by my insurance company. In the event that I fail to pay such charges, I agree that jurisdiction and venue of any claim that Liberty may have against me shall be in the courts of the city of Salem, VA.

Signature _____ Date _____