



Sub-table takes effect February 15, 2022

You are automatically enrolled in this program. No additional action is needed to take advantage of these great cost savings, however, if you **DO NOT** wish to automate savings of up to **90%**, please complete and return the form below.

Preferred Diabetes Care Program **Opt-Out**

If you **DO NOT** wish to participate in this cost savings Preferred Diabetes Care Program, please complete the **opt-out** form below and fax to (770) 977-2866 (ATTN: Sam Stratton) or email usprograms@owenmumford.

☐ **No, I don't** want to take advantage of the Preferred Diabetes Care Program, and my opportunity to automate savings of up to 90%.

Pharmacy Name: _____

City: _____

Authorized Pharmacy Representative: _____

Date: _____

ABC ID: _____

State: _____

Signature: _____

If multiple locations, please list:
