



Product Feedback Form

Satisfaction Guaranteed.

If you have any questions or concerns regarding a *Good Neighbor Pharmacy* product, please complete this form. If you are not completely satisfied with your purchase we'll give you your money back. Refunds are limited to only 1 (one) refund request on any 1 (one) private label product per household.

If you are requesting a full money-back refund, you will need to provide the following:

- ▶ Original UPC from the product box
- ▶ Original dated sales receipt (within 60 days of purchase)
- ▶ Printed Refund Form



Please complete this form and email to GoodNeighborPharmacy@amerisourcebergen.com. If requesting a refund please submit this form, original UPC from the product box and the original sales receipt to the below mailing address.

Sorry, we cannot mail refunds to a P.O. Box.

First Name _____

Last Name _____

Email _____

Date of Birth _____ / _____ / _____

Good Neighbor Pharmacy Private Label Product _____

Address 1 _____

Address 2 _____

City _____

State _____ Zipcode _____

Phone _____ - _____ - _____

Email or mail this form to:

Consumer Products Group
AmerisourceBergen
1300 Morris Drive
Chesterbrook, PA 19087

GoodNeighborPharmacy@amerisourcebergen.com





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