



415 South Main Street
Waynesville, Ohio 45068

Invoice

Invoice Number 152090
Invoice Date 6/16/2022
Period 06/02/2022-06/15/2022
Payment Terms: Net 48 Hours
Line of Business: Commerical

Bill To:
WinSupply
c/o Lucent Health

Transaction Fee/ Reimbursement Summary

| Plan Group | Paid Claims-\$6 Per Claim | Total Claim Fees |
|---------------|---------------------------|------------------|
| APP-WinSupply | 2525 | \$15,150.00 |

| Prior Authorizations | Per PA Fee | Total PA Fee |
|----------------------|------------|--------------|
| 37 | \$45.00 | \$1,665.00 |

| COVID 19 Test Kits Reimbursement | Total Amount |
|----------------------------------|--------------|
| 2 | \$197.28 |

| DMR Fee-\$5.00 | Total Amount |
|----------------|--------------|
| 2 | \$10.00 |

Drug Ingredient Summary

| Plan Group | Ingredient Cost | Other | Total Drug Cost for Period |
|---------------|-----------------|-------|----------------------------|
| APP-WinSupply | \$338,716.18 | | \$338,716.18 |

| | |
|------------------------|--------------|
| Plan Total Balance Due | \$355,738.46 |
|------------------------|--------------|

Please Remit Payment to : ApproRx, LLC 415 South Main Street, Waynesville, OH 45068

Any questions regarding your invoice, please feel free to contact Heidi Miltenberger at 513-897-1346.