



^CVSCaremark Mail Service Invoice/Receipt



546355406

FERNANDO FLORES 148 ANTLER CIRCLE SAN ANTONIO. TX 78232-0000



Balance Due Upon Receipt

\$0.00

0010390102300391025078205950480111111111111

CVS Caremark PO Box 659539 San Antonio TX 78265-9539

See reverse side for payment or refund options Retain the bottom portion of this form for your records.

Summary for order 0000C2394427789

Days

Date: 11/01/2021

Co-Pay

Name / Rx#

Quantity

Supply

Drug Name / NDC

Amount

FERNANDO FLORES

Rx//136755477

90 EA

90

Xarelio TAB IOMCi NIX* 50458058090

\$70.00*

Written information about this prescription has been provided to you. Please read this information before you lake this medication. If you have any questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions toll-free at 1-888-792-3862.

Information escrita acerca de esta receta ha sido pros ista para usted. Favor de leer esta information antes de tomar el medicamento. Si usted tiene preguntas tocante a esta receta, un farmaceutico esta presente durante las horas normales de trabajo. para contester sus preguntas à I -888-792-3862.

Hie Notice of Privacy Practices can be found at the web site on your identification card or by writing to: CVS CAREMARK. Pt) BOX 52072. PHOENIX, AZ 85072-2072.

Protect the environment. Do not flush unused medications or pour down a sink or drain.

Complaints concerning die practice ofpharmacy may be filed with the Texas State Board of Pharmacy at; William P. Hobby Bldu. Suite 3-500, 333 Guadalupe. Box 21. Austin. TX. 78701-3942: 1-512-305-8000 or toll-free 1-800-821-3205 or log on to www.tsbp.state.tx.us.

Shipping Charge Total for this Order

\$0.00 \$70.00

Previous Account Balance Payment Received with this Order **Balance Due Upon Receipt**

\$0.00 - \$70.00

4 Reliance Due may not reflect payments recently mailed separate from this order

\$0.00

^{*} FSA/HRA eligible health care expenses Retain Invoice Receipt for your records.