





290603470

KATHLEEN A. MCGRAW 840 VIRGINIA CIR NE ATLANTA, GA 30306



Balance Due Upon Receipt

\$0.00

0000340010250036694954846545596911111111111

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 000002895549789

Days

90 EA

Ouantity Supply Druy Name-Z^DC^

Date: 11/03/2021

Provider Paid

Benefit

Co-Pay Amount

("KATHLEEN A. MCGRAW) Rx# 132486481

Name / Rx#

<5<arelto TAB 20MG^ (90 NDC 50458057990

\$1,415.59

Total

Rx Cost

\$915.59

(\$500.00*

A Medication Guide with additional information about how to use this drug is available online. Log in to your account and elicit---- on "Prescription History" under the "Prescriptions" tab.

♦ FSAHRA eligible health care expenses. Retain Invoice/Receipt for your records.

Written information about this prescription has been provided to you. Please read this information before you take 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 1-844-443-4279.

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

Shipping Charge **Total Cost for this Order:**

\$1,415.59

\$1,415.59

\$915.59

\$0.00 \$500.00

Previous Account Balance

Payment Received with this Order

\$0.00

Balance Due Upon Receipt

- \$500.00

\$0.00

A Balance Due may not reflect payments recently mailed separate from this order.