



To: THV'^LT/^

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Feb 3, ZaZj

ID #

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WAITING
SC E

Promised: 2/3/21, 11:29 AM

Scripts: 01



Scarano, Vincent

5321 S.W. 16th Place, Cape Coral, FL
DOB: 5/35 TEL: (781)492-6857

Prescription Information

MORNING MIDDAY EVENING BEDTIME	INVELTYS 1% EYE DROP Instill 1 drop into both eyes twice a day (use drops for 4 days post-operatively) SEE DIRECTIONS
SEE DIRECTIONS SEE DIRECTIONS SEE DIRECTIONS SEE DIRECTIONS	Important Information - Shake well before using. - For the eye. - Remove soft contact lenses before using this drug. Reinsert after 15 min. - If using other eye meds, wait at least 5 min. Before applying. - Date opened

Receipt & Refill Information

CVS Pharmacy 737 Cape Coral Pkwy Cape Coral, FL 33304 STORE TEL: (239) 542-0512 RX: 1609816 00 INSURANCE INFORMATION: FEDERAL EMPLOYEE PROG FEP TP: 5X2 GFI: SSCITSC AbTHI: 210343661542G56598 RETAIL PRICE: \$329.99	INVELTYS 1% EYE DROP NDC: 71571-0121-28 DAW: 0 QTY: 2.8 ML CAP: Safety MFR PKG: Yes REFILL: 0 Refills MFR: KALA PHARMACEUT PRSCBR: Vinod Bhavnani DAYS SUPPLY: 14 DATE FILLED: 2/3/21 AMOUNT DUE: \$135.17
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Notes from the Pharmacy



Get important updates to help you stay on track with your health. See back for details.

^CVS pharmacy

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CVS pharmacy 737 Cape Coral Pkwy Cape Coral, FL 33304 TEL: 239-542-0512 RX: 1609816 REFILL: 0 Refills PRSCBR: V. Bhavnani DATE FILLED: 2/3/21 DISCARD AFTER: 2/3/22 MFR: KALA PHARMACEUT	VINCENT INVELTYS 1% EYE DROP 5321 S.W. 16th Place, Cape Coral, FL INVELTYS 1% EYE DROP Instill 1 drop into both eyes twice a day (use drops for 4 days post-operatively)	SCARANO, VINCENT 5321 S.W. 16th Place Cape Coral, FL 33304 RX: 1609816 00 INVELTYS 1% EYE DROP RX 1609816 00 DATE 2/3/21 TP: 5002	BHAVNANI, V. 6810 PORTO FINO FORT MYERS, FL TEL: (239) 437-8118
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over



737 CAPE CORAL PKUYE, CAPE CORAL, FL
PHARMACY: 542-0512 STORE:

REGtll 3 TRN83981 CSHRC1946927 STR#1067

Helped by: BARBARA

FI RX #: ****8170000

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135.17Nv<

☐ F 1 RX #: ****8160000

2 ITEMS

TOTAL	203.89
CHARGE	203.89
*****1896	CH

US DEBIT	*****1896
APPROVED# 111862	REF# 139813
TRAN TYPE: SALE	AID: A0000000980840
TC: 37E6B43CE8C3EFB3	TERMINAL# 69071080
NO SIGNATURE REQUIRED	CVM. 1F0002
TVR(95): 8080088000	TSI(9B): 6800

CHANGE	.00
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DECLINED CHIP CARD	INFO
US DEBIT	*****1896
DECLINED	
TRAN TYPE: SALE	AID: A0000000980840
TC: 43676F15F03758E1	TERMINAL# 69071080
PIN VERIFIED ONLINE	
TVRC95): 8080048000	TSIC9B): 6800

US DEBIT	REF# 139812
DECLINED	AID: A0000000980840
TRAN TYPE: SALE	TERMINAL# 69071080
TC: 974488021290BFD9	CVM: 420000
PIN VERIFIED ONLINE	TSIC9B) 6800
TVRC95): 8080048000	

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3501 0671 0343 9811 31
State law may prohibit the return
of prescriptions. Please consult
your pharmacist.

Returns with receipt, subject to
CVS Return Policy, thru 04/04/2021
Refund amount is based on price
after all coupons and

FEBRUARY 3, 2021

11:16 AM

F-FLEXIBLE SPENDING ACCT SUMMARY (FSA)

Prescription Eligible Total 203.89

X*XX**X*XXX*X*KK*K*X**X*XX**X**X

(and tax) that may be eligible for plan
reimbursement. Restrictions may apply.