



Invoice

Review your order.

Pharmacy

Invoice number: 17-283472952
 Order number: 000355560963
 Plan member: JOSEPH HINNENKAMP
 Order process date: 09/26/2021

Your payment summary information

Cost for this package	\$ 597.38
Payment(s)/adjustment(s) applied	S - 597.38
<u>Shipping Cost</u>	<u>FREE</u>
Total amount due	\$0.00



Want to avoid the clutter of all the paperwork that comes with your medicine? Now, you can get most of these papers online! You'll get instant access to your invoice, refill forms and other key messages about your medicine. To sign up, just go to: express-scripts.com/green.

Medication information**JOSEPH.H1NNENKAMP****XALATAN OPTH SOLN 2JjML ?**

Strength: 0.005% Qty: 3

Rx# 211431421156 NDC # 00013-8303-04

What you need to do next You pay

You have 2 refill(s) before 04/12/2022. Refill after 11/24/2021. For fastest refills, (<\$597.3^ simply refill at express-scripts.com/rx. Or you can call 800.224.1501.

© 800.224.1501

24/7 access to pharmacists who are ready to help you with your medications.

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First-time visitors please register. Have your ID # and a recent prescription number handy.

All items sold by Express Scripts Pharmacy are FSA eligible HAS items.

Payment notes

- Amount charged to your debit or credit card: \$ 597.38.

SEND CHECK 11/21

JOJEV AY HINNENKAMP

1350 FOXGLOVE DRIVE

LANCASTER, MA

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