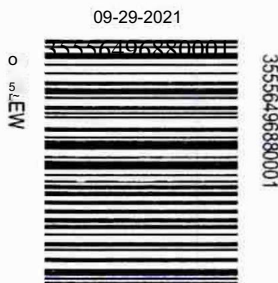


Express Scripts
Pharmacy

Invoice

Review your order and pay using
the enclosed Payment Due options.

Invoice number: 12-073441333
Plan member: BRIAN CARLEW
Order process date: 09/27/2021



Your payment summary information

Cost for this package	\$ 169.33
Payment(s)/adjustment(s) applied	\$ 0.00
Shipping Cost	FREE
Total amount due	\$169.33

See the Payment Due page for payment methods



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-\[scripts.com/green\]\(https://express-scripts.com/green\)](https://express-scripts.com/green).

Medication information	What you need to do next	You pay
CHERYL CARLEW L-THYROXINE (SYNTHROID) TABS Strength: 88MCG Qty: 84 Rx# 211810970212 NDC #00074-6594-19	You have 2 refill(s) before 05/24/2022. We will process and ship your next refill, automatically.* (See message(s) on back for this Rx #.)	\$9.33
BRIAN CARLEW INVOKANA TABS Strength: 300MG Qty: 90 Rx# 212700722212 NDC # 50458-0141-90	You have 3 refill(s) before 08/16/2022. Refill after 12/25/2021. For fastest refills, simply refill at express-scripts.com/rx . Or you can call 800.455.6891 or mail us the enclosed Refill Slip with order form and payment.	\$ 160.00

* If your prescription or shipping address changes, or you need to reschedule or cancel the order, contact us at least 48 hours before the date above at [express-\[scripts.com/rx\]\(https://express-scripts.com/rx\)](https://express-scripts.com/rx) or 800.455.6891.



800.455.6891
24/7 access to pharmacists who are ready
to help you with your medications.



[express-\[scripts.com/rx\]\(https://express-scripts.com/rx\)](https://express-scripts.com/rx)
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.

