

Online Claim Submission

Code: KIG
Employer: King County
EmpID: 000090434
EmpName: Gupta, Priya
Submitted: January 16, 2023
Batch: 29893267
Claim Total: \$28.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	6/17/2022	RX	\$28.00	Provider: Rite Aid. For whom: Priya Gupta.

RITE AID
3066 ISSAQUAH PINE LAKE RD S
SAMMAMISH, WA 98075-7253

(425) 391-1582
Store DEA : BT5164974
RPH : DM1

Rx 05188 1570943

Date Filled : 12/16/2022

GUPTA, PRIYA

(206) 658-3690

22912 SE 27TH CT
SAMMAMISH, WA 98075

LEVOTHYROXINE 112 MCG TABLET

DAW : 0

NDC : 68180-0970-01

QTY : 30

DAYS SUPPLY : 30

WANG, LI MD

22707 SE 29TH ST, BLDG C
SAMMAMISH, WA 98075

REFILL 2 TIMES UNTIL 09/09/2023

ADVANCE RX MANAGEMENT PCN ADV CVS/CRMARK

GRP: RX0385

CLM REF#: 2235071464231E



U&C:

\$29.99

PAY:

\$7.00

RITE AID
3066 ISSAQUAH PINE LAKE RD S
SAMMAMISH, WA 98075-7253

(425) 391-1582
Store DEA : BT5164974
RPH : DM1

Rx 05188 1561997

Date Filled : 08/04/2022

GUPTA, PRIYA

(206) 658-3690

22912 SE 27TH CT
SAMMAMISH, WA 98075

LEVOTHYROXINE 112 MCG TABLET

DAW : 0

NDC : 68180-0970-01

QTY : 30

DAYS SUPPLY : 30

WANG, LI MD

22707 SE 29TH ST, BLDG C
SAMMAMISH, WA 98075

NO REFILLS LEFT

ADVANCE RX MANAGEMENT PCN ADV CVS/CRMARK

GRP: RX0385

CLM REF#: 2221654280740E



U&C:

\$29.99

PAY:

\$7.00

MEDICATION WARNINGS

TAKE ON AN EMPTY STOMACH

IT IS VERY IMPORTANT THAT YOU TAKE
OR USE THIS EXACTLY AS DIRECTED.
DO NOT SKIP DOSES OR DISCONTINUE
UNLESS DIRECTED BY YOUR DOCTOR.

RITE AID
3066 ISSAQUAH PINE LAKE RD S
SAMMAMISH, WA 98075-7253

(425) 391-1582
Store DEA : BT5164974
RPH : DM1

Rx 05188 1570943

Date Filled : 10/19/2022

GUPTA, PRIYA

(206) 658-3690

22912 SE 27TH CT
SAMMAMISH, WA 98075

LEVOTHYROXINE 112 MCG TABLET

DAW : 0

NDC : 68180-0970-01

QTY : 30

DAYS SUPPLY : 30

WANG, LI MD

22707 SE 29TH ST, BLDG C
SAMMAMISH, WA 98075

REFILL 3 TIMES UNTIL 09/09/2023

ADVANCE RX MANAGEMENT PCN ADV CVS/CRMARK

GRP: RX0385

CLM REF#: 22292757831731



U&C:

\$29.99

PAY:

\$7.00

MEDICATION WARNINGS

RITE AID
3066 ISSAQUAH PINE LAKE RD S
SAMMAMISH, WA 98075-7253

(425) 391-1582
Store DEA : BT5164974
RPH : EF4

Rx 05188 1547106

Date Filled : 06/17/2022

GUPTA, PRIYA

(206) 658-3690

22912 SE 27TH CT
SAMMAMISH, WA 98075

LEVOTHYROXINE 112 MCG TABLET

DAW : 0

NDC : 68180-0970-01

QTY : 30

DAYS SUPPLY : 30

WANG, LI MD

22707 SE 29TH ST, BLDG C
SAMMAMISH, WA 98075

NO REFILLS LEFT

ADVANCE RX MANAGEMENT PCN ADV CVS/CRMARK

GRP: RX0385

CLM REF#: 2216855155253C



U&C:

\$29.99

PAY:

\$7.00

MEDICATION WARNINGS

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UNLESS DIRECTED BY YOUR DOCTOR.