## Online Claim Submission

Code: AHD

Employer: Ada County Highway District

EmpID: 532624158

EmpName: Wasson, John

Submitted: February 10, 2023

Batch: 30283792

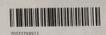
Claim Total: \$5.00

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/27/2023	RX	\$5.00	Provider: Alliance Rx. For whom: Nancy
				Wasson.



## **Invoice and Receipt**



P.O. Box 29061, Phoenix, AZ 85038-9061 NABP #: 0320793 www.alliancerxwp.com/home-delivery

It is easy and quick to pay using your credit card either online at www.alliancerxwp.com/home-delivery or by calling our automated telephone system 1-888-832-5462. Those who are deaf or hard of hearing can call (TTY) 1-800-573-1833.

Ship to:

NANCY L WASSON 1301 N ORCHARD ST STE 200 BOISE, ID 83706-2209 Account Balance: \$0.00

Invoice Number: T2799911 Shipment Date: 1/27/2023 Member ID: \*\*\*\*\*7424

Rx Number	Prescription It	Quantity				Amount
535115-03397	VALACYCLOVIR 1GM TABLETS AUROBINDO 65862-0449-90	20				5.00
		X4 X	+			
					Current Order:	5.00
		Less Amount Received:		5.0		
THANK YOU FOR YOUR PROMPT PAYMENT. All credit card charges are pending authorization.					Previous Balance:	
					Amount Due:	

ase make us aware if you have any updates regarding your drug allergies or health conditions by calling our customer service number or updating your profile online ase contact our Customer Care Center at the phone number on your prescription label if you are in urgent need of any future orders to avoid a gap in medication therapy or have questions on order status/delays.