

Online Claim Submission

Code: AC3
Employer: Alliance Coal LLC
EmpID: 447689923
EmpName: Carrick, Grant
Submitted: January 17, 2023
Batch: 29908519
Claim Total: \$8.36
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/4/2023	RX	\$8.36	Provider: Cvs. For whom: Susan.

CA**98**Promised: 1/4/23, 12:00 PM
Scripts: 01**Carrick, Susan**8600 Mccowans Ferry Rd, Versailles, KY
DOB: 1/62 TEL: (772) 663-2380**Prescription Information**

MORNING	1
MIDDAY	
EVENING	
BEDTIME	

* PHARMACY ADVICE!
See back for more information**LOSARTAN POTASSIUM
25 MG TAB**

Common brand(s): Cozaar

Take 1 tablet by mouth 1 time each day.

Important Information

- Do not use this drug if you become pregnant.
- This medication may cause dizziness.
- CVS ReadyFill prescription. We'll notify you when the next refill is ready.

Receipt & Refill Information**CVS Pharmacy**199 Lexington St
Versailles, KY 40383

STORE#: 6334

STORE TEL: (859) 873-5451

RX: 1480355 00

RF**INSURANCE INFORMATION:**

ENVISION RX PLUS

JPI: 19455

GR: NA

AUTH#: 5606295301043G

The dispensed quantity/days supply was
adjusted to comply with insurance coverage.

RETAIL PRICE: \$39.59

**LOSARTAN POTASSIUM
25 MG TAB**

NDC: 62332-0027-91

DAW: 0

QTY: 30 EA

CAP: Safety

MFR PKG: Yes

REFILL: 11 by 12/20/23

MFR: ALEMBIC PHARMAC

PRSCBR: Kathleen Roberts

DAYS SUPPLY: 30

DATE FILLED: 1/4/23

AMOUNT DUE: \$3.36

Notes from the PharmacyOPEN
HERE

CA**83**Promised: 1/9/23, 8:00
Scripts: 01 ReadyFill™

27 1478433 001 000 00 0000500

Carrick, Susan8600 McCowans Ferry Rd, Versailles, KY
DOB: 1/62 TEL: (772) 663-2380

www.cvs.com/druginfo

Prescription Information

MORNING	1 TABLET
MIDDAY	
EVENING	1 TABLET
BEDTIME	

PHARMACY ADVICE
See back for more information**HYDROXYCHLOROQUINE
200 MG TAB**

Common brand(s): Plaquenil

Take 1 tablet by mouth twice a day

Important Information

- Take this medication with food.
- Swallow whole. Do not chew or crush.
- This medication may cause dizziness.
- Avoid prolonged exposure to direct and/or artificial sunlight.
- Take this medication at least 4 hours before or 4 hours after antacids.

Receipt & Refill Information**CVS Pharmacy**

STORE#: 6334

199 Lexington St
Versailles, KY 40383

STORE TEL: (859) 873-5451

RX: **1478433**

01

RF**INSURANCE INFORMATION:**

ENVISION RX PLUS

TP: 19455

GR: NA

AUTH#: 6645526301097G

RETAIL PRICE: \$93.59

**HYDROXYCHLOROQUINE
200 MG TAB**

NDC: 43598-0721-01

DAW: 0

QTY: 60 EA

CAP: **Safety**MFR PKG: **Yes**

REFILL: 2 by 12/12/23

MFR: DR.REDDY'S LAB

PRSCBR: Kathryn-Carrie Wells

DAYS SUPPLY: 30

DATE FILLED: 1/9/23

AMOUNT DUE: **\$5.00****Notes from the Pharmacy****OPEN
HERE**