

Online Claim Submission

Code: PDD
Employer: Plaid, Inc.
EmpID: 557898939
EmpName: Brooks, Sean
Submitted: January 17, 2023
Batch: 29909751
Claim Total: \$5.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	12/26/2022	RX	\$5.00	Provider: Carelon Rx. For whom: Self.



CVS-500

☐ Check if address/insurance changes are on back**Addressee**

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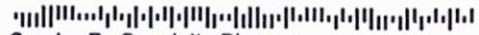
SEAN BROOKS
7712 CORTE VIOLETA
CARLSBAD CA 92009-9340



000009 - 13373

Account Number 7209987	Due Date Upon Receipt	Amount Due \$5.00	Amount Paid \$
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Please make checks payable and remit to:



CarelonRx Specialty Pharmacy
P.O. Box 007293
Chicago, IL 60674-7293

0067001768000720998729300000005003

Please detach and return top portion with payment.

Date	Service Description	Charges	Payments/ Adjustments	Patient Balance
12/26/2022	RX #: 6726709-3 ; STELARA PFS Exp Date: 07/13/2023 Refills Remaining: 0 Balance Due:	\$5.00	\$0.00	\$5.00
	Total Patient Balance Due:			\$5.00
	This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CarelonRx.			

Thank you for choosing our Specialty Pharmacy. The customer balance due shown is your current responsibility. This balance may not reflect balances for orders not paid by your insurance.

Your statement design has changed!



Please see the back of this document for details.

AMOUNT DUE: \$5.00

Services provided by CarelonRx, Inc.

0-0-0-10/10-CTACTO-CTOACTO-CTOACTO



CVS-500

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Account Number	Account Name	Statement Date	Due Date
7209987	BROOKS, SEAN	01/01/2023	Upon Receipt

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AMOUNT DUE: \$5.00

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0-0-0-10/10-CTACTO-CFOOTC/2