

Online Claim Submission

Code: PRJ
Employer: Project Worldwide
EmpID: 366982849
EmpName: Diebol, Michael
Submitted: January 16, 2023
Batch: 29890326
Claim Total: \$4.67
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	11/23/2022	RX	\$4.67	Provider: Walgreens. For whom: Leslie.

my2



NOT A MEMBER? JOIN NOW AT ANY REGISTER OR GO TO MYWALGREENS.COM. ENROLLING IS QUICK, EASY AND FREE! REDEEM WALGREENS CASH REWARDS OFF FUTURE PURCHASES.

THANK YOU FOR SHOPPING AT WALGREENS
YOU COULD HAVE EARNED AN ADDITIONAL WALGREENS CASH REWARDS BY USING YOUR MYWALGREENS MEMBERSHIP TODAY.
RESTRICTIONS APPLY, FOR TERMS AND CONDITIONS, VISIT MYWALGREENS.COM.

APPROVED FSA/HRA AMOUNT 0.00
TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 48.72
TOTAL FSA AND RX ITEMS 48.72

816 8110 0091 11/23/2022 4:26 PM
FSA RX 1457359 4.67
FSA RX 1468389 38.14
FSA RX 1468387 5.91
TOTAL 48.72
MASTERCARD ACCT 5605 48.72
AUTH CODE 02392P .00
CHANGE

#21332 2100 18 FILE RD
STERLING HEIGHTS, MI 48314
248-689-2473
WALGREENS

WIC# 986638

LESLIE A DIEBOL

2838 Renshaw Dr. Troy, MI 480653725
(248)915-8782

RX # 1457359-21332

DATE: 11/21/22

SUMATRIPTAN 50MG TABLETS

QTY: 8 1 REFILL BEFORE 06/16/23

Refill NDC: 65862-0147-36

Retail Price: \$156.19 Your Insurance Saved You: \$151.52

\$ 4.67

PER: R. WEIERMILLER JR
MFG: AUROBINDO
XXX / MMZ/MMZ

PLAN: SXCIRX
GROUP# BCBSMAN
CLAIM REF# 223257236784030999

WALGREENS

2100 18 FILE RD. STERLING HEIGHTS, MI 483143706
PH: (248)689-2473

Customer receipt

WALGREENS

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PH: (248)689-2473

Duplicate receipt



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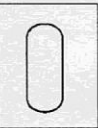
Duplicate receipt

Pharmacy use only

TUE 11:00AM
Refill

SUMATRIPTAN 50MG TABLETS
65862-0147-36
ALPHA

QTY 8
10 DRAM



WHITE
FRONT: C
BACK: 33

XXX / MMZ/MMZ

my2



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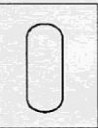
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