

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.

allianceRx
Telepharmacy Pharmacy

P.O. Box 29061, Phoenix, AZ 85038-9061
NABP #: 0320793

Invoice and Receipt



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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

Prescription Items

Rx Number	Item Description	Quantity				Amount
8535115-03397	VALACYCLOVIR TGM TABLETS AUROBINDO 65862-0449-90	20				5.00
THANK YOU FOR YOUR PROMPT PAYMENT. All credit card charges are pending authorization.						Current Order: 5.00
						Less Amount Received: 5.00
						Previous Balance: 0.00
						Amount Due: 0.00

Please 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.
Please 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.