Online Claim Submission

Code: APO

Employer: Apollo, Inc.

EmpID: 537864018

EmpName: Martin, Jason

Submitted: February 10, 2023

Batch: 30283550

Claim Total: \$3.52

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/9/2023	RX	\$3.52	Provider: Rite Aid. For whom: Shevaun
				Martin.

uide provided by your pharmacist get a refill. If you have any medication by mouth with or is based on your medical ed by your doctor, use this rom it. To help you remember, ly stop using this drug without e worse when this drug is ly decreased. When this well. Talk with your doctor if this ny people, this medication may if you have a substance use cohol). Take this medication sk your doctor or pharmacist for or gets worse.

oss of coordination, headache, ity, constipation, heartburn, or last or get worse, tell your doctor ation has been prescribed ou is greater than the risk of side ve serious side effects. Tell rious side effects, including: ssion, thoughts of suicide), trouble walking, memory doesn't go away, fever). Get serious side effects, including: This medication can rarely ms of this opposite effect may in, restlessness, excitement, and if you notice any of these effects. owever, get medical help right reaction, including: rash, itching/ dizziness, trouble breathing ou notice other effects not listed Call your doctor for medical to FDA at 1-800-FDA-1088 or octor for medical advice about nada at 1-866-234-2345.

st if you are allergic to it; or to oam, diazepam); or if you have ingredients, which can cause macist for more details. Before our medical history, especially thing problems (such as sleep psychosis), personal or family of or addiction to drugs/alcohol). vision. Alcohol or marijuana

R NO. 461944

RITE AID-1901 N STEPTOE ST 1901 NORTH STEPTOE STREET KENNEWICK, WA 99336-7120

(509) 783-3413 Store DEA: BT5159303

RPH: RNP

Date Filled: 02/09/2023

(509) 591-4755

MARTIN, SHEVAUN

652 S PITTSBURG ST KENNEWICK, WA 99336

Rx 05316 1727788

LORAZEPAM 0.5 MG TABLET

NDC: 00093-3425-01

QTY: 30

DAW: 0

DAYS SUPPLY: 30

RYAN, DAVID M MD 1410 N PITTSBURG ST STE A KENNEWICK, WA 99336

REFILL 1 TIMES UNTIL 07/22/2023

UNITED HEALTHCARE OPTUMRX (BIN#610279 PC

GRP: UHEALTH

CLM REF#: 230403918936278999

U&C

\$23.99

PAY:

\$3.52

MEDICATION WARNINGS

MAY CAUSE DROWSINESS. ALCOHOL AND MARIJUANA MAY INTENSIFY THIS EFFECT. USE CARE WHEN OPERATING A VEHICLE, VESSEL (E.G.,BOAT) OR MACHINERY.

DO NOT USE THIS DRUG IF YOU BECOME PREGNANT.

CAUTION: ASK YOUR DR BEFORE USING THIS DRUG WITH OPIOIDS (SUCH AS CODEINE, MORPHINE, OXYCODONE). BREATHING PROBLEMS OR DROWSINESS MAY OCCUR.

READ THE BOXED WARNING INFORMATION FOR THIS MEDICATION.