

Online Claim Submission

Code: KIG
Employer: King County
EmpID: 000090434
EmpName: Gupta, Priya
Submitted: January 16, 2023
Batch: 29893260
Claim Total: \$37.65
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/5/2022	RX	\$37.65	Provider: Rite Aid. For whom: Priya Gupta.

RITE AID (425) 391-1582
3066 ISSAQUAH PINE LAKE RD S Store DEA : BT5164974
SAMMAMISH, WA 98075-7253 RPH : EF4

Rx 05188 1505666 Date Filled : 01/05/2022
GUPTA, PRIYA (206) 658-3690
22912 SE 27TH CT
SAMMAMISH, WA 98075
LEVOTHYROXINE 50 MCG TABLET DAW : 0
NDC : 68180-0966-01 QTY : 30 DAYS SUPPLY : 30
ALTHAUS, TIFFANY L
12600 SE 38TH ST, SUITE 130
BELLEVUE, WA 98006
REFILL 3 TIMES UNTIL 10/20/2022

ADVANCE RX MANAGEMENT PCN ADV CVS/CRMARK
GRP: RX0385 CLM REF#: 220055972313200999



PAY: \$6.13

MEDICATION WARNINGS

TAKE ON AN EMPTY STOMACH	IT IS VERY IMPORTANT THAT YOU TAKE OR USE THIS EXACTLY AS DIRECTED. DO NOT SKIP DOSES OR DISCONTINUE UNLESS DIRECTED BY YOUR DOCTOR.
MEDICATION SHOULD BE TAKEN WITH PLENTY OF WATER.	READ THE BOXED WARNING INFORMATION FOR THIS MEDICATION.
DO NOT TAKE ANTACIDS OR PRODUCTS CONTAINING CALCIUM OR IRON WITHIN 4 HOURS OF TAKING THIS MEDICATION.	
TAKE AS A SINGLE DAILY DOSE BEFORE BREAKFAST	

RITE AID (425) 391-1582
3066 ISSAQUAH PINE LAKE RD S Store DEA : BT5164974
SAMMAMISH, WA 98075-7253 RPH : LDE

Rx 05188 1505666 Date Filled : 02/01/2022
GUPTA, PRIYA (206) 658-3690
22912 SE 27TH CT
SAMMAMISH, WA 98075
LEVOTHYROXINE 50 MCG TABLET DAW : 0
NDC : 68180-0966-01 QTY : 30 DAYS SUPPLY : 30
ALTHAUS, TIFFANY L
12600 SE 38TH ST, SUITE 130
BELLEVUE, WA 98006
REFILL 2 TIMES UNTIL 10/20/2022

ADVANCE RX MANAGEMENT PCN ADV CVS/CRMARK
GRP: RX0385 CLM REF#: 220323787783116999



PAY: \$6.13

MEDICATION WARNINGS

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DO NOT TAKE ANTACIDS OR PRODUCTS CONTAINING CALCIUM OR IRON WITHIN 4 HOURS OF TAKING THIS MEDICATION.	
TAKE AS A SINGLE DAILY DOSE BEFORE BREAKFAST	

RITE AID (425) 391-1582
3066 ISSAQUAH PINE LAKE RD S Store DEA : BT5164974
SAMMAMISH, WA 98075-7253 RPH : DM1

Rx 05188 1505666 Date Filled : 03/08/2022
GUPTA, PRIYA (206) 658-3690
22912 SE 27TH CT
SAMMAMISH, WA 98075
LEVOTHYROXINE 50 MCG TABLET DAW : 0
NDC : 68180-0966-01 QTY : 30 DAYS SUPPLY : 30
ALTHAUS, TIFFANY L
12600 SE 38TH ST, SUITE 130
BELLEVUE, WA 98006
REFILL 1 TIMES UNTIL 10/20/2022

ADVANCE RX MANAGEMENT PCN ADV CVS/CRMARK
GRP: RX0385 CLM REF#: 220674190432323999



PAY: \$6.13

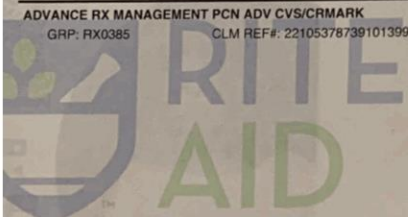
MEDICATION WARNINGS

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TAKE AS A SINGLE DAILY DOSE BEFORE BREAKFAST	

RITE AID (425) 391-1582
3066 ISSAQUAH PINE LAKE RD S Store DEA : BT5164974
SAMMAMISH, WA 98075-7253 RPH : LDE

Rx 05188 1505666 Date Filled : 04/15/2022
GUPTA, PRIYA (206) 658-3690
22912 SE 27TH CT
SAMMAMISH, WA 98075
LEVOTHYROXINE 50 MCG TABLET DAW : 0
NDC : 68180-0966-01 QTY : 30 DAYS SUPPLY : 30
ALTHAUS, TIFFANY L
12600 SE 38TH ST, SUITE 130
BELLEVUE, WA 98006
NO REFILLS LEFT

ADVANCE RX MANAGEMENT PCN ADV CVS/CRMARK
GRP: RX0385 CLM REF#: 221053787391013999



PAY: \$6.13

MEDICATION WARNINGS

TAKE ON AN EMPTY STOMACH	IT IS VERY IMPORTANT THAT YOU TAKE OR USE THIS EXACTLY AS DIRECTED. DO NOT SKIP DOSES OR DISCONTINUE UNLESS DIRECTED BY YOUR DOCTOR.
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DO NOT TAKE ANTACIDS OR PRODUCTS CONTAINING CALCIUM OR IRON WITHIN 4 HOURS OF TAKING THIS MEDICATION.	
TAKE AS A SINGLE DAILY DOSE BEFORE BREAKFAST	

RITE AID (425) 391-1582
3066 ISSAQUAH PINE LAKE RD S Store DEA : BT5164974
SAMMAMISH, WA 98075-7253 RPH : JSS

Rx 05188 1546833 Date Filled : 05/17/2022
GUPTA, PRIYA (206) 658-3690
22912 SE 27TH CT
SAMMAMISH, WA 98075
LEVOTHYROXINE 50 MCG TABLET DAW : 0
NDC : 68180-0966-01 QTY : 30 DAYS SUPPLY : 30
ALTHAUS, TIFFANY L
12600 SE 38TH ST, SUITE 130
BELLEVUE, WA 98006
REFILL 2 TIMES UNTIL 05/16/2023

ADVANCE RX MANAGEMENT PCN ADV CVS/CRMARK
GRP: RX0385 CLM REF#: 221375910193100999



PAY: \$6.13

MEDICATION WARNINGS

TAKE ON AN EMPTY STOMACH	IT IS VERY IMPORTANT THAT YOU TAKE OR USE THIS EXACTLY AS DIRECTED. DO NOT SKIP DOSES OR DISCONTINUE UNLESS DIRECTED BY YOUR DOCTOR.
MEDICATION SHOULD BE TAKEN WITH PLENTY OF WATER.	READ THE BOXED WARNING INFORMATION FOR THIS MEDICATION.
DO NOT TAKE ANTACIDS OR PRODUCTS CONTAINING CALCIUM OR IRON WITHIN 4 HOURS OF TAKING THIS MEDICATION.	
TAKE AS A SINGLE DAILY DOSE BEFORE BREAKFAST	

RITE AID (425) 391-1582
3066 ISSAQUAH PINE LAKE RD S Store DEA : BT5164974
SAMMAMISH, WA 98075-7253 RPH : JSS

Rx 05188 1547106 Date Filled : 05/18/2022
GUPTA, PRIYA (206) 658-3690
22912 SE 27TH CT
SAMMAMISH, WA 98075
LEVOTHYROXINE 112 MCG TABLET DAW : 0
NDC : 68180-0970-01 QTY : 30 DAYS SUPPLY : 30
WANG, LI MD
22707 SE 29TH ST, BLDG C
SAMMAMISH, WA 98075
30.0 UNITS REMAIN TILL 05/17/2023

ADVANCE RX MANAGEMENT PCN ADV CVS/CRMARK
GRP: RX0385 CLM REF#: 221385691775086



U&C: \$29.99

PAY: \$7.00

MEDICATION WARNINGS

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