

## Online Claim Submission

Code: VIZ  
Employer: VIZ Media, LLC  
EmpID: 546790460  
EmpName: Mar, Amy  
Submitted: January 17, 2023  
Batch: 29910199  
Claim Total: \$3,050.00  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/17/2023	RX	\$3,050.00	Provider: alto pharmacy. For whom: self. for IVF meds. I know it's more than what I have dedicated to flex, so I'd like to claim as much as I can towards this receipt.



Alto Pharmacy  
2360 Qume Drive, Suite A  
San Jose, CA 95131  
1 (800) 874-5881  
TIN: 474390076

Prepared for: Amy Mar  
Date of Birth: 09/24/1979  
Dates: 12/31/2022 - 12/31/2023

Invoice Date	Date of Service	Medication	Rx Number	Qty	Doctor	Cost
01/17/2023		Leuprolide Acetate 1 MG/0.2ML NDC: 00781400332	409652011	1.0 = 1 Kit	J Proctor	\$598.00
01/17/2023		Pregnyl 10000 UNIT NDC: 00052031510	409652009	1.0 = 1 Vial	J Proctor	\$120.00
01/17/2023		Menopur 75 UNIT NDC: 55566750102	409652008	20.0 = 20 Vials	J Proctor	\$1760.00
01/17/2023		Fyremadel 250MCG/0.5 NDC: 55566101001	409652005	2.5 = 5 Syringe	J Proctor	\$470.00
01/17/2023		Gonal F Rff Redi Ject 300/0.5ML NDC: 44087111501	409652004	4.0 = 8 Pens	J Proctor	\$2240.00
01/17/2023		Cabergoline 0.5 MG NDC: 59762100501	409652003	8.0 = 8 Tablets	J Proctor	\$32.91
01/17/2023		Azithromycin 500 MG NDC: 50111078810	409652002	2.0 = 2 Tablets	J Proctor	\$16.07
						ACH Discount - \$52.37
						Balance Due \$5236.98
						<b>Total Paid \$5236.98</b>



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