

Online Claim Submission

Code: CU8
Employer: CHRISTUS Health
EmpID: 451250959
EmpName: Sheets, William
Submitted: January 17, 2023
Batch: 29906845
Claim Total: \$5.01
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/4/2023	RX	\$5.01	Provider: Walgreens. For whom: William Sheets.

WILLIAM K SHEETS

200 Parkview Est Apt 1, Kilgore, TX 756629707
(903)738-9796

RX # 1572146-11175

DATE: 01/04/23

HYDROCHLOROTHIAZIDE 25MG TABLETS

QTY: 90 1 REFILL BEFORE 01/04/24

New-E NDC: 29300-0128-10

Retail Price: \$17.99 Your Insurance Saved You: \$12.98

\$ 5.01

PBR: J. WOLCOTT
MFG: UNICHEM
XXX/LEG/LEG/LEG/LEG

PLAN: TXBC
GROUP# 057678
CLAIM REF# 230045453227009999

Walgreens

701 US HIGHWAY 259 N KILGORE, TX 75662
PH: (903)983-2892

Customer
receipt

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