

## Online Claim Submission

Code: AB9  
Employer: AB WELLCO LLC  
EmpID: 005765112  
EmpName: Stansfield, Michael  
Submitted: January 16, 2023  
Batch: 29893240  
Claim Total: \$10.00  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/4/2023	GENERAL	\$10.00	Provider: CVS. For whom: Michael Stansfield.

# ST

23

Promised: 1/4/23, 1:00 PM  
# Scripts: 01 ReadyFill<sup>TM</sup> Eligible



27 2847133 000 002 00 0001000

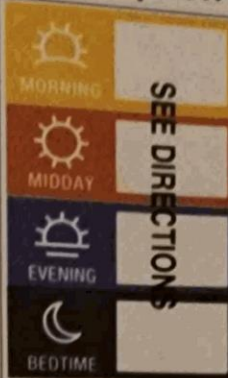
**Stansfield, Michael I**

86-10 34th Ave Apt 516, Jackson Heigh, NY

DOB: 11/64

TEL: (646) 894-0565

## Prescription Information



A PHARMACY ADVICE\*  
See back for more information

### SUMATRIPTAN SUCC 50 MG TABLET

Common brand(s): Imitrex

Take 1 tablet by mouth once as  
needed for migraine headache

#### Important Information

- This medication may cause dizziness.
- May cause drowsiness. Use care when operating a vehicle, vessel or machine.
- Save time with ReadyFill and we'll have your refills ready for you. Ask about enrolling today!

## Receipt & Refill Information

### CVS Pharmacy

89-11 Northern Blvd.  
Jackson Heights, NY

STORE#: 1113

STORE TEL: (718) 426-2508

RX: **2847133 00**

#### INSURANCE INFORMATION:

ANTHEM PCN WG

TP: 37825 GR: WLDA

AUTH#: 230037448796497997

RETAIL PRICE: \$159.99

### SUMATRIPTAN SUCC 50 MG TABLET

NDC: 55111-0292-36 DAW: 0

QTY: 9 EA

CAP: **Safety**

MFR PKG: **Yes**

REFILL: 1 by 1/3/24

MFR: DR.REDDY'S LAB

PRSCBR: Brad Piche

DAYS SUPPLY: 30

DATE FILLED: 1/3/23

AMOUNT DUE: **\$10.00**

## Notes from the Pharmacy

**CVS** pharmacy<sup>TM</sup>

OPEN