

Online Claim Submission

Code: L2C
Employer: Level
EmpID: 011687522
EmpName: Wiles, Nicole
Submitted: January 17, 2023
Batch: 29910045
Claim Total: \$75.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/17/2023	RX	\$75.00	Provider: Value Drugs Pharmacy - Briarcliff. For whom: Owen Wiles. Xcopri

**OWEN WILES**

Claim information

Fill date : **01/17/2023**Claim number : **230173375005216**

Drug information

Drug name : **XCOPRI TAB 200MG**Rx : **000001291473**Quantity : **30.000**

Pharmacy

VALUE DRUGS PHARMACY -

BRIARCLIFF

89 NORTH STATE ROAD

BRIARCLIFF MANOR,NY 10510

Prescriber

Dr. CLAUDE STERIADE

223 E 34TH ST

NEW YORK,NY 10016-4852

6465580870

Payment information

You paid: **\$75.00**Plan paid : **\$941.25**Product select amount : **\$0.00**Exceed max amount : **\$0.00**Sales tax : **\$0.00**