

Online Claim Submission

Code: L2C
Employer: Level
EmpID: 011687522
EmpName: Wiles, Nicole
Submitted: January 17, 2023
Batch: 29907990
Claim Total: \$25.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/4/2023	RX	\$12.50	Provider: OptumRx. For whom: Nicole Wiles.
2	1/11/2023	RX	\$12.50	Provider: OptumRx. For whom: Nicole Wiles. Levothyroxin



Claim information

Fill date : 01/11/2023

Claim number : 230110033246220

Drug information

Drug name : LEVOTHYROXIN TAB 75MCG

Rx : 000349995369

Quantity : 90.000

Pharmacy

OptumRx

19 CHAPIN ROAD

PINE BROOK,NJ 07058

Prescriber

Dr. VALERIE ORAM

200 W 57TH ST FL 15

NEW YORK,NY 10019-3271

2122478100

Payment information

You paid: \$12.50

Plan paid : \$5.53

Product select amount : \$0.00

Exceed max amount : \$0.00

Sales tax : \$0.00

Claim information

Fill date : **01/04/2023**

Claim number : **230038511771242**

Drug information

Drug name : **OMEPRazole CAP 10MG**

Rx : **000349771189**

Quantity : **90.000**

Pharmacy

OptumRx

19 CHAPIN ROAD

PINE BROOK,NJ 07058

Prescriber

Dr. ARLENE GARCIA

314 W 14TH ST FL 6

NEW YORK,NY 10014-5002

9174530767

Payment information

You paid: **\$12.50**

Plan paid : **\$43.34**

Product select amount : **\$0.00**

Exceed max amount : **\$0.00**

Sales tax : **\$0.00**