

## Online Claim Submission

Code: L2C  
Employer: Level  
EmpID: 011687522  
EmpName: Wiles, Nicole  
Submitted: January 17, 2023  
Batch: 29910032  
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. Aptiom



OWEN WILES

## Claim information

Fill date : **01/17/2023**Claim number : **230173373910232**

## Drug information

Drug name : **APTIOM TAB 600MG**Rx : **000001291443**Quantity : **90.000**

## 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: **\$175.00**Plan paid : **\$3,105.92**Product select amount : **\$0.00**Exceed max amount : **\$0.00**Sales tax : **\$0.00**