

Online Claim Submission

Code: CU8
Employer: CHRISTUS Health
EmpID: 451250959
EmpName: Sheets, William
Submitted: January 17, 2023
Batch: 29906857
Claim Total: \$45.10
Attachments: 2

| Line | Service Date(s) | Type | Cost | Notes |
|------|-----------------|------|---------|--|
| 1 | 1/9/2023 | RX | \$45.10 | Provider: Walgreens. For whom: Candace Sheets. |

CANDACE L SHEETS200 Parkview Est Apt 1, Kilgore, TX 756629707
(903)738-5533**RX # 1573737-11175**

DATE: 01/09/23

LOSARTAN 50MG TABLETS

QTY: 180 3 REFILLS BEFORE 09/08/23

Copy NDC: 65862-0202-99

Retail Price: \$281.79 Your Insurance Saved You: \$250.25

\$ 31.54

J. HART, MD
MFG: AUROBINDO
TMC/RJM/RJM/RJM/RJMPLAN: TXBC
GROUP# 057676
CLAIM REF# 230093664859034999**Walgreens**701 US HIGHWAY 259 N KILGORE, TX 75662
PH: (903)983-2892Customer
receipt**CANDACE L SHEETS**200 Parkview Est Apt 1, Kilgore, TX 756629707
(903)738-5533**RX # 1573737-11175**

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PH: (903)983-2892Duplicate
receipt**CANDACE L SHEETS**200 Parkview Est Apt 1, Kilgore, TX 756629707
(903)738-5533**RX # 1573736-11175**

DATE: 01/09/23

PANTOPRAZOLE 40MG TABLETS

QTY: 90 3 REFILLS BEFORE 09/08/23

Copy NDC: 00378-6689-77

Retail Price: \$248.89 Your Insurance Saved You: \$235.33

\$ 13.56

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