## Online Claim Submission

Code: KDH

Employer: Kaweah Delta Healthcare

EmpID: 572554723

EmpName: Villalobos, Cynthia

Submitted: February 10, 2023

Batch: 30283649

Claim Total: \$14.09

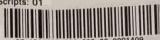
Attachments: 2

| Line | Service Date(s) | Type | Cost    | Notes                                 |
|------|-----------------|------|---------|---------------------------------------|
| 1    | 1/18/2023       | RX   | \$14.09 | Provider: Chandler. For whom: Anthony |
|      |                 |      |         | villalobos.                           |



112

Promised: 1/18/23, 1:34 PM



Villalobos, Anthony

3316 E Sanders Ct, Visalia, CA 93292 D08: 6/99 TEL: (559) 909-5846 DOB: 6/99

Counsel New Drug

#### Prescription Information



ee back for more information

# 4 MG DOSEPK

Take 6 tablets on day 1 as directed on package and decrease by 1 tab each day for a total of 6 days

**METHYLPREDNISOLONE** 

## - Take this medication with food.

- This medication may cause dizziness.
- Before using alcohol with this drug, talk to your healthcare professional.
- Take or use this exactly as directed. Do not skip doses or discontinue.

#### Receipt & Refill Information

**CVS Pharmacy** 

STORE#: 2541

1102 N. Demaree St Visalia, CA 93291

STORE TEL: (559) 738-8629

RX: 1284390 00

INSURANCE INFORMATION

MEDIMPACT PCN ASPROD1
TP: 32495 GR: PHI01

RETAIL PRICE: \$20.19

AUTH#: 8415488159

METHYLPREDNISOLONE 4 MG DOSEPK

NDC: 00603-4593-15

QTY: 21 EA

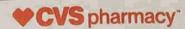
MFR PKG: Yes CAP: Safety

DAW: 0

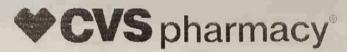
REFILL: 0 Refills MFR: QUALITEST/PAR P PRSCBR: Steven Chandler DAYS SUPPLY: 6 DATE FILLED: 1/18/23

AMOUNT DUE: \$14.09

# Notes from the Pharmacy



OPEN HERE



1102 NORTH DEMAREE STREET VICA 93291 559.738.8629

REG#20 TRN#6939 CSHR#0535651 STR#2541

Helped by: CANDICE

ExtraCare Card #: \*\*\*\*\*\*\*8011

F 1 RX #: \*\*\*3900000

14.09N

TOTAL CHARGE

\*\*\*\*\*\*\*\*\*7209 VISA DEBIT

\*\*\*\*\*\*\*\*7209

APPROVED# 047754 TRAN TYPE: SALE TC BAAD2616F7F7BEAD NO SIGNATURE REQUIRED REF# 209396 AID: A000000031010 TERMINAL# 82334422 CVM: 1F0000

TVR(95): 000000000

TSI(9B): 0000

CHANGE

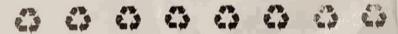
.00

3502 5413 0186 9392 09 State law may prohibit the return of prescriptions. Please consult

wour pharmacist.
Returns with receipt, subject
CVS Return Policy, thru 03 12 2023
Refund amount is based on price
after all coupons and discounts.

JANUARY 18, 2023

12:33 PM



F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 14.09

\*\*\*\*\*\*\*\*\*\* 

THANK YOU. SHOP 2. HOURS AT CVS. COM

ExtraCare Card bale of 01/12

Year to Date Savings

13.01