

## Online Claim Submission

Code: APO  
Employer: Apollo, Inc.  
EmpID: 537864018  
EmpName: Martin, Jason  
Submitted: February 10, 2023  
Batch: 30283553  
Claim Total: \$10.33  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/9/2023	RX	\$10.33	Provider: Rite Aid. For whom: Shevaun Martin.

RITE AID-1901 N STEPTOE ST  
1901 NORTH STEPTOE STREET  
KENNEWICK, WA 99336-7120

(509) 783-3413  
Store DEA : BT5159303  
RPH : AG5

Date Filled : 02/08/2023

**Rx 05316 1715842**

**MARTIN, SHEVAUN**

652 S PITTSBURG ST  
KENNEWICK, WA 99336

**TRAZODONE 50 MG TABLET**

NDC : 50111-0560-01

QTY : 30

DAW : 0  
DAYS SUPPLY : 30

**RYAN, DAVID M MD**

1410 N PITTSBURG ST STE A  
KENNEWICK, WA 99336

**REFILL 1 TIMES UNTIL 12/14/2023**

**UNITED HEALTHCARE OPTUMRX (BIN#610279 PC**

GRP: UHEALTH

CLM REF#: 230397441972225999



**U&C:**

**\$29.99**

**PAY:**

**\$10.33**

**MEDICATION WARNINGS**

MAY CAUSE DROWSINESS. ALCOHOL AND MARIJUANA MAY INTENSIFY THIS EFFECT. USE CARE WHEN OPERATING A VEHICLE, VESSEL (E.G., BOAT) OR MACHINERY.

IT IS VERY IMPORTANT THAT YOU TAKE OR USE THIS EXACTLY AS DIRECTED. DO NOT SKIP DOSES OR DISCONTINUE UNLESS DIRECTED BY YOUR DOCTOR.

MAY CAUSE BLURRED VISION

HERBAL/DIETARY SUPPLEMENT PRODUCTS MAY INTERACT WITH THIS MEDICATION. DISCUSS ANY SUCH PRODUCT WITH YOUR DOCTOR OR PHARMACIST.

CALL YOUR DOCTOR IMMEDIATELY IF YOU HAVE MENTAL/MOOD CHANGES NEW/WORSENING FEELINGS OF SADNESS/FEAR OR THOUGHTS OF SUICIDE.

READ THE BOXED WARNING INFORMATION FOR THIS MEDICATION.

TAKE WITH FOOD.