

Online Claim Submission

Code: CU8
Employer: CHRISTUS Health
EmpID: 451250959
EmpName: Sheets, William
Submitted: January 17, 2023
Batch: 29906851
Claim Total: \$16.72
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/8/2023	RX	\$16.72	Provider: walgreens. For whom: Candace Sheets.

CANDACE L SHEETS

200 PARKVIEW EST APT 1
KILGORE, TX 756629707
(903) 738-5533

RX # 1467591-11175

DATE: 01/08/23

ESTRADIOL 0.5MG TABLETS

QTY: 90 NO REFILLS - DR. AUTH REQUIRED
Refill NDC : 00555-0899-02

Retail Price: \$27.99

Your Insurance Saved You: \$11.27

MD: HENRY GOR
MFG: TEVA
HAR/ KSE/THD

PLAN: TXBC
GROUP #: 057676
CLAIM REF #: 230083954856033999

Customer
Receipt

\$ 16.72

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