

Online Claim Submission

Code: SWB
Employer: WA State SEBB
EmpID: 533709598
EmpName: LAVIOLLETTE, SCOTT
Submitted: January 23, 2023
Batch: 29992334
Claim Total: \$111.17
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/23/2023	RX	\$111.17	Provider: Walgreens. For whom: Sam.

Walgreens

#06083 4540 LACEY BLVD SE
LACEY, WA 98503
360-438-2353

809 4004 0091 01/23/2023 6:04 PM

FSA RX 1242926 111.17

TOTAL 111.17
VISA ACCT 3088 111.17
AUTH CODE 080417
EXPRESS PAY
CHANGE .00

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 111.17
TOTAL FSA AND RX ITEMS 111.17
APPROVED FSA/HRA AMOUNT 0.00

after stopping. Treatment with this drug may lead to higher cholesterol and triglycerides. The effect of these changes on heart health is not known. Talk with the doctor. Have blood work checked as you have been told by the doctor. Talk with the doctor. You may get sunburned more easily. Avoid sun, sunlamps, and tanning beds. Use sunscreen and wear clothing and eyewear that protects you from the sun. High blood sugar has happened with this drug. This includes diabetes that is new or worse. Check your blood sugar as you have been told by your doctor. Talk with your doctor before you drink alcohol. Avoid cosmetic skin treatments like waxing, dermabrasion, or laser treatments during treatment and for at least 6 months after the last dose. The chance of scarring may be increased. This drug may

comes with an extra patient fact sheet called a Medication Guide. Read it with care. Read it again each time this drug is refilled. If you have any questions about this drug, please talk with the doctor, pharmacist, or other health care provider. If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

Keep out of reach of children: Store in safety container or secure area.

SAM LAVIOLLETTE
4509 15th Ave SE, Lacey, WA 98503
(360)584-4867

RX # 1242926-06083 DATE: 01/23/23

AMNESTEEM 40MG CAPSULES

QTY: 30 NO REFILLS - DR. AUTH REQUIRED
New-E NDC: 00378-6614-93
Retail Price: \$351.49 Your Insurance Saved You: \$240.32

H. NYMEYER, MD PLAN: NVTU
MFG: MYLAN GROUP# 10016720
HLD: KWM/KWM/KWM/KWM CLAIM REF# 2166019301230G

Walgreens

4540 LACEY BLVD SE LACEY, WA 98503
PH: (360)438-2353

Customer
receipt

Pharmacy use only

MON 4:53PM
New-E

AMNESTEEM 40MG CAPSULES
00378-6614-93
ALPHA

SAM LAVIOLLETTE

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Walgreens

4540 LACEY BLVD SE LACEY, WA 98503
PH: (360)438-2353

Duplicate
receipt

QTY 30
10 DRAM



FRONT: 140

HLD: KWM/KWM/KWM/KWM

Med Guide

Visit
WWW.WALGREENSLISTENS.COM
or scan this code with your mobile device



or call toll free
1-800-875-4028
within 72 hours to take a short
survey about this Walgreens visit

SURVEY#
0608-3914-004

PASSWORD
9230-1230-326

For contest rules, see store or
WWW.WALGREENSLISTENS.COM