

Online Claim Submission

Code: SWA
Employer: WA State PEBB
EmpID: 649010531
EmpName: VAN MOORSEL, PETER
Submitted: February 9, 2023
Batch: 30262035
Claim Total: \$301.99
Attachments: 4

Line	Service Date(s)	Type	Cost	Notes
1	2/2/2023	RX	\$301.99	Provider: Cole. For whom: Peter van Moorsel. QVAR Inhaler, Montelukast Pills



P.O. Box 2718
Portland, OR 97208-2718

Packing Invoice

www.ppsrx.com
Customer Service Department
Phone: 1-800-552-6694
Fax: 1-800-723-9023

Shipping Address:

PETER VAN MOORSEL
3117 MOORE ST SE
OLYMPIA, WA 98501

Shipment:



P000122549642

Order Number: 122549642

Order Date: 02/02/2023

CONTENTS

Quantity Ordered	Quantity Shipped	RX / Item Number	Product Description	RX / Item Price	Insurance Paid	You Pay
31 80	3x10.60	0505722	QVAR REDHALER 80 MCG	767.47	467.23	300.24
90	90x1	0302576	MONTELUKAST SOD 10 MG TABL	17.46	15.71	1.75
ORDER TOTAL(S):				\$784.93	\$482.94	\$301.99

	Credits	Charges
Previous Account Balance:	\$ 0.00	
Current Order:		\$ 301.99
VISA: XXXXXXXXXXXXX4213	\$ 301.99	
Payment(s) This Order:	\$ 301.99	
Account Balance:	\$ 0.00	

Shipment Comment(s):

>> <<

Thank You for Your Order!

**VAN
MOORSEL,
PETER**

Prescriber:
**COLE,
JENNIFER**

02/02/2023 (NWC - UNIFORM)
Patient Pay Amount: \$300.24
2.00 REFILLS OF 31.8 UNTIL 09/19/2023

REFILL DOB: 08/01/1982
Rx # 0505722

QVAR REDIHALER 80 MCG
Patient Pay Amount: \$300.24
Day Supply: 90
Quantity: 31.8

Directions:
INHALE TWO PUFFS BY
MOUTH TWICE A DAY

Allergies:
NO KNOWN ALLERGIES

Precautions:
RINSE MOUTH THOROUGHLY
AFTER EACH USE.

IF DOSE IS 2 PUFFS OR MORE,
WAIT ABOUT 1 MINUTE BETWEEN
PUFFS UNLESS DIRECTED
OTHERWISE. WAIT AT LEAST 1
MINUTE BETWEEN DIFFERENT
INHALED MEDICATIONS.

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

STORE INHALER UPRIGHT WITH
THE MOUTHPIECE DOWN.

**VAN
MOORSEL,
PETER**

Prescriber:
**COLE,
JENNIFER**

02/02/2023 (NWC - UNIFORM)
Patient Pay Amount: \$1.75
1.00 REFILL OF 90 UNTIL 04/17/2023

REFILL DOB: 08/01/1982
Rx # 0302576

MONTELUKAST SOD 10 MG TABLET
Patient Pay Amount: \$1.75
Day Supply: 90
Quantity: 90

Directions:
TAKE ONE TABLET BY
MOUTH DAILY

Allergies:
NO KNOWN ALLERGIES

Precautions:
CALL YOUR DOCTOR
IMMEDIATELY IF YOU
HAVE MENTAL/MOOD
CHANGES LIKE
CONFUSION,
NEW/WORSENING
FEELINGS OF
SADNESS/FEAR,
THOUGHTS OF SUICIDE,
OR UNUSUAL BEHAVIOR.

READ THE BOXED
WARNING INFORMATION
FOR THIS MEDICATION.



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