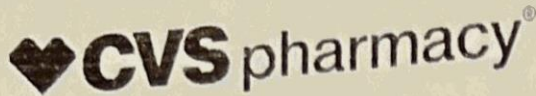


## Online Claim Submission

Code: LLD  
Employer: Callisto Media  
EmpID: 062603040  
EmpName: DeLorenzo, Steven  
Submitted: February 1, 2023  
Batch: 30140884  
Claim Total: \$20.00  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/31/2023	RX	\$20.00	Provider: CVS Pharmacy. For whom: Steven DeLorenzo.



202 S. HIGHLAND AVE RT9, 10562  
PHARMACY: 762-1616 STORE: 941-4652

REG#12 TRN#8303 CSHR#2242184 STR#2080

Helped by: JOSHUA

F 1 RX #: \*\*\*\*0810010 20.00N

Survey ID #

5497 2449 4233 974 83

TOTAL CHARGE 20.00  
\*\*\*\*\*0100 RF 20.00

CHASE VISA \*\*\*\*\*0100  
APPROVED# 044420 REF# 123036  
TRAN TYPE: SALE AID: A0000000031010  
TC: 41C0CE757F124C8 TERMINAL# 82335783  
NO SIGNATURE REQUIRED CVM: 1F0000  
TVR(95): 0000000000 TSI(9B): 0000

CHANGE .00



3502 0803 0318 3031 24  
State law may prohibit the return  
of prescriptions. Please consult  
your pharmacist.  
Returns with receipt, subject to  
CVS Return Policy, thru 04/01/2023  
Refund amount is based on price  
after all coupons and discounts.

JANUARY 31, 2023 7:48 PM



\*\*\*\*\*  
The NY State Department of Health and the NY  
Office of Alcoholism and Substance Abuse Services  
have developed educational material which discuss  
Important Facts About Controlled Substance  
Prescription Medications. If you would like an  
electronic copy of this material, you may access  
at the following website:

[www.combatheroin.ny.gov](http://www.combatheroin.ny.gov)

and type in 12022 in the search bar.

F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)  
Prescription Eligible Total 20.00

\*\*\*\*\*  
FSA summary above includes items  
(and tax) that may be eligible for plan  
reimbursement. Restrictions may apply.  
\*\*\*\*\*

GET YOUR CVS EXTRACARE CARD

\*\*\*\*\*  
We would love to hear your feedback  
on your recent experience with us.  
This survey will take only  
1 minute to complete.

Share Your Feedback

[www.CVSHealthSurvey.com](http://www.CVSHealthSurvey.com)

Hablamos español

THANK YOU SHOP

Promised: 1/25/23, 5:55 PM

# Scripts: 01



DE

146

Delorenzo, Steve

284 Law Rd, Briarcliff Man, NY 105100000  
DOB: 5/63 TEL: (914) 393-4655

### Prescription Information



See back for more information

### GABAPENTIN 100 MG CAPSULE

Common brand(s): Neurontin

Take 2 capsules 3 times daily (tdd  
200/200/500). Indications: nerve  
disease

#### Important Information

- May cause drowsiness. Use care when operating a vehicle, vessel or machine.
- This medication may cause dizziness.
- May cause blurred vision.
- Call doctor if you experience mood changes, sadness, depression or fear.
- Do not take aluminum or magnesium antacids within 2 hrs of taking this drug.

### Receipt & Refill Information

CVS Pharmacy

STORE#: 2080

202 S. Highland Ave.  
Ossining, NY 10562

STORE TEL: (914) 762-1616

RX: 2192081 01

#### INSURANCE INFORMATION:

AETNA

TP: 17805

GR: RX7700

AUTH#: 230254836767835999

RETAIL PRICE: \$238.99

### GABAPENTIN 100 MG CAPSULE

NDC: 69097-0813-12 DAW: 0  
QTY: 540 EA

CAP: Safety MFR PKG: Yes

REFILL: 2 by 8/23/23  
MFR: CIPLA USA, INC.  
PRSCBR: Caroline Miranda  
DAYS SUPPLY: 90  
DATE FILLED: 1/25/23

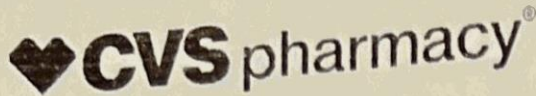
AMOUNT DUE: \$20.00

### Notes from the Pharmacy



OPEN  
HERE





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REG#12 TRN#8303 CSHR#2242184 STR#2080

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THANK YOU SHOP

Promised: 1/25/23, 5:55 PM

# Scripts: 01



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www.cvs.com/druginfo

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