#### Online Claim Submission

Code: GER

Employer: EyeSouth Partners

EmpID: 281680600

EmpName: Curnutte, Corinne

Submitted: January 23, 2023

Batch: 29989886

Claim Total: \$151.84

Attachments: 4

Line	Service Date(s)	Туре	Cost	Notes
1	3/9/2022	RX	\$98.21	Provider: Kroger Pharmacy. For whom: David
				Curnutte. Prescriptions March to Sept 2022
2	3/18/2022	RX	\$53.63	Provider: Kroger Pharmacy. For whom:
2				Corinne Curnutte. Pharmacy Rx's for 2022



Customer Statement Report

Date Range: 2022-04-01 to 2022-09-30

+ march 18

Patient: CORINNE CURNUTTE

Date of Birth: 04/06/1959

Address: 4183 KNOLLVIEW CT

BATAVIA, OH 45103

05/18/2022	06/21/2022	07/01/2022	07/24/2022	07/24/2022	08/18/2022	09/24/2022	Fill Date
01400468- 7816537	01400468- 7816537	01400468- 4676130	01400468- 7860397	01400468- 7871451	01400468- 7860397	01400468- 7860397	RX #
Duloxetine Hcl Dr60 Mg Capsule	Duloxetine Hcl Dr60 Mg Capsule	Tramadol Hcl 50mg Tablet	Duloxetine Hcl Dr60 Mg Capsule	Levothyroxine 88 McG Tablet	Duloxetine Hcl Dr60 Mg Capsule	Duloxetine Hcl Dr60 Mg Capsule	Drug Name
51991- 0748-10	51991- 0748-10	29300- 0355-05	51991- 0748-10	69238- 1833-07	51991- 0748-10	51991- 0748-10	NDC#
30	30	30	30	90	30	30	Qty
30	30	15	30	90	30	30	Days Supply
Muhammad Munir	Muhammad Munir	Muhammad Munir	Muhammad Munir	Lauren Herzfeld	Muhammad Munir	Muhammad Munir	Prescriber Name
Federal Employee Program	Federal Employee Program	Federal Employee Program	Federal Employee Program	Federal Employee Program	Federal Employee Program	Federal Employee Program	insurer(s)
221376735166304999	221694441847174999	221795277516141999	222008377610273999	222013291812180999	222305339437023999	222626899153259999	TP Auth #
	1		t		1	1	Insurance Amount
\$4.1	\$4.1	\$0.93	<b>54.</b>	\$12	\$4.1	\$4.1	Patient Responsibility
\$4.1	\$4.1	\$0.93	\$4.1	\$12	\$4.1	7	Total

04/21/2022	04/21/2022	Fill Date
01400468- 7773935	01400468- 7816537	RX#
Levothyroxine 88 McG Tablet	Duloxetine Hcl Dr60 Mg Capsule	Drug Name
69238- 1833-07	51991- 0748-10	NDC #
90	30	Qty
90	30	Supply
Lauren Herzfeld	Muhammad Munir	Name
Federal Employee Program	Federal Employee Program	Insurer(s)
221085843774284999	221085846184152999	TP Auth#
36	r	Amount
\$12	\$4.1	Responsibility
\$12	\$4.1	Amt

	Totals:
9	Number of Prescriptions Filled
\$0.00	ed Insurance Amount
\$49.53	Patient Responsibility
\$49.53	Total Amount

Disclaimer: "May not reflect all prescription records and may include prescriptions filled at multiple pharmacies"

**Confidential Information** 

+ 410

01/23/2023 12:36 PM



**Customer Statement Report** 

Date Range: 2022-03-01 to 2022-03-31

Patient: CORINNE CURNUTTE

Date of Birth: 04/06/1959

Address: 4183 KNOLLVIEW CT

BATAVIA, OH 45103

Statement prepared at: kroger.com

05/10/2022	03/18/2022	מיז ומו במבב	03/18/2022	THE PARK	Fill Date
7804665	01400468-	7768446	01400468-	CAT THE REAL PROPERTY OF THE PARTY OF THE PA	RY #
0.188 GM Tab	Sutab 1.479-0.225-	Mg Capsule	Duloxetine Hcl Dr60	entermination of the state of t	Drig Name
0201-01	52268-	0748-10	51991-		<b>2</b> 00 #
24	-	30		Compact to the proposed property of the second property of the secon	Đ.
7		5	ő	Supply	Days
iviatom Lobez		Munir	Muhammad	Name	Prescriber
Federal Employee T12203158Y7ZY		Program	Federal Employee	(A) to the state of the state o	Incurer(c)
		FEG. 3000 1110 1110 1110 1110 1110 1110 111	220758001176173999		TP Auth #
\$100.32	\$108 59			Amount	Insurance
The same of the sa	already thened in	4.1	\$4.1	Responsibility	Patient
\$100.39	1 IN			Amt	Total

**Number of Prescriptions Filled** 

Totals:

Insurance Amount

**Patient Responsibility** 

**Total Amount** 

2

\$108.59

\$64,10 4,10

\$172.69

Disclaimer: "May not reflect all prescription records and may include prescriptions filled at multiple pharmacies"

**Confidential Information** 

01/23/2023 12:38 PM



Customer Statement Report Date Range; 2022-03-01 to 2022-09-30

Patient: DAVID CURNUTTE

Date of Birth: 09/11/1955

Address: 4183 KNOLLVIEW CT.

BATAVIA, OH 45103

RX #		Drug Name	# NDC #	QQ.	Days Supply	Prescriber Name	Insurer(s)	TP Auth #	Insurance Amount	Patient Responsibility	Total Amt
01400468-	**************************************	Tramadol Hcl 50mg Tablet	29300-	30	9	Christopher Roberts	Federal Employee Program	222642392066260997		\$0.93	\$0.93
01400468-	#.	Fluticasone Prop 50 McG Spray	60505-	48	06	Christopher Roberts	Federal Employee Program	222417792042203999	1	\$12	\$12
01400468-	<b>.</b>	Finasteride 5 MG Tablet	16729- 0090-16	30	30	Christopher Roberts	Federal Employee Program	222008374565178999		\$2.1	\$2.1
01400468-	-8	Finasteride 5 MG Tablet	16729- 0090-16	30	30	Christopher Roberts	Federal Employee Program	221777849629245999	,	\$2.1	\$2.1
01400468-	-89	Finasteride 5 MG Tablet	16729- 0090-16	30	30	Christopher Roberts	Federal Employee Program	221426625472187999		\$2.1	\$2.1
01400468-	-6	Finasteride 5 MG Tablet	16729- 0090-16	30	30	Christopher Roberts	Federal Employee Program	221162802612046999	ı	\$2.1	\$2.1
01400468-	-89	Cyclobenzaprine 10 MG Tablet	52817- 0332-00	30	10	Christopher Roberts	Federal Employee Program	222642369448120999	,	\$1.19	\$1.19
		IN COMMENT AND A STANDARD OF THE PROPERTY OF T									

Fill Date	RX #	Drug Name	NDC#	QtA	Kladus	Name	Insurer(s)	TP Auth #	Amount	Responsibility	Amt
09/02/2022	01400468-	Fluticasone Prop 50 McG Spray	60505-	48	06	Christopher Roberts	Federal Employee Program	222417792042203999		\$12	\$12
08/30/2022	01400468- 7891518	Finasteride 5 MG Tablet	16729- 0090-10	30	30	Christopher Roberts	Federal Employee Program	222412984121225999	1	\$2.1	\$2.1
08/30/2022	01400468- 7891522	Cyclobenzaprine 10 MG Tablet	52817-	30	10	Christopher Roberts	Federal Employee Program	222413007217066999	Abou anadamin's tradinale many comment removed to the state of the sta	\$1.19	\$1.19
08/30/2022	01400468- 4677969	Tramadol Hd 50mg Tablet	29300-	30	2	Christopher Roberts	Federal Employee Program	222413012043012998		\$0.93	\$0.93
08/18/2022	01400468- 7886353	Capmist DM 15-400- 60mg Tablet	29978-	20	10	Caroletta James	Visory Discount- Recommended	16048072		\$8.33	\$8.33
08/18/2022	01400468- 7886343	Doxycycline Mono 100 MG Cap	00713-	50	01	Caroletta James	Federal Employee Program	222304571445093999	ı	\$8.57	\$8.57
08/18/2022	01400468- 7886397	Permethrin 5% Gream	21922- 0021-07	09	7	Caroletta James	Federal Employee Program	222296106440309999	\$60.9	\$10	\$70.9
08/16/2022	01400468-	Paxlovid 300-100 MG Pack (Eua)	0345-30	30	S	Nicole Jones	Federal Employee Program	222285187813037999	\$10	0\$	\$10
08/01/2022	01400468- 7874995	Cyclobenzaprine 10 MG Tablet	52817- 0332-00	30	01	Christopher Roberts	Federal Employee Program	222082271781235999	1	\$1.19	\$1.19
08/01/2022	01400468-	Tramadol Hcl 50mg Tablet	29300-	30	ľ	Christopher Roberts	Federal Employee Program	222082274658164998		\$0.93	\$0.93
07/24/2022	01400468- 7871308	Pantoprazole Sod Dr40 Mg Tab	31722- 0713-10	06	06	Christopher Roberts	Federal Employee Program	222012186815181999	1	9\$	\$
07/24/2022	01400468-	Finasteride 5 MG Tablet	16729- 0090-16	30	30	Christopher Roberts	Federal Employee Program	222008374565178999	And provide the second decision of the second	\$2.1	\$2.1
07/07/2022	01400468-	Cyclobenzaprine 10 MG	52817-	30	10	Linda Dault	Federal Employee	221884137887092999		\$1.19	61.19

TP Auth # Amount Responsibility Amt	ployee \$0.93 \$0.93 \$0.93	iployee \$2.1777849629245999 - \$2.1	nployee 221792768655170999 \$85.6 \$0 \$85.6	nployee 221645224314272999 \$0.99 \$5 \$5.99	ployee 221582622898189998 - \$0.93 \$0.93	ployee 221582615637005999 - \$1.19 \$1.19	ployee \$2.1426625472187999 - \$2.1	ployee 221375721764217998 - \$1.68 \$1.68	ployee 221262808122208999 - \$1.19 \$1.19	nployee 221262445123155999 - \$0.93 \$0.93	ployee 221162804013211999 - \$6 \$6	Federal Employee 221162802612046999 - \$2.1 \$2.1 \$2.1	exoloti
Insurer(s)	Christopher Federal Employee Roberts Program	Muhammad Federal Employee Munir Program	Christopher Federal Employee Roberts Program	Christopher Federal Employee Roberts Program	Christopher Federal Employee Roberts Program	Christopher Federal Er Roberts Program	Christopher Federal Employee						
Oty Supply	30 8	30 30	2 2	180 90	30 5	30 10	30 30	5 5	30 10	30 5	06 06	30 30	
NDC #	29300- 0355-05	16729- 0090-16	00093-	52817- 0360-00	29300-	52817- 0332-00	16729- 0090-16	00406-	52817- 0332-00	29300-	62175- 0617-43	16729- 0090-16	52817-
Drug Name	Tramadol Hcl 50mg Tablet	Finasteride 5 MG Tablet	Naloxone Hcl 4 MG Nasal Spray	Metoprolol Tartrate 25 MG Tab	Tramadol Hd 50mg Tablet	Cydobenzaprine 10 MG Tablet	Finasteride 5 MG Tablet	Hydrocodone- Acetaminophen 5-325 Tab	Cyclobenzaprine 10 MG Tablet	Tramadol Hd 50mg Tablet	Pantoprazole Sod Dr40 Mg Tab	Finasteride 5 MG Tablet	Cyclobenzaprine 10 MG
RX #	01400468-	01400468-7779855	01400468-	01400468-	01400468-	01400468-	01400468-	01400468-	01400468-	01400468-	01400468-	01400468-	01400468-
Fill Date	06/28/2022	06/28/2022	06/28/2022	06/17/2022	06/08/2022	06/08/2022	05/23/2022	05/18/2022	05/06/2022	05/06/2022	04/28/2022	04/28/2022	

	The state of the s			
Amt	\$0.93	\$2.1	\$12	\$1.19
Responsibility	\$0.93	\$2.1	\$12	\$1.19
Amount	ı		•	1
TP Auth #	220842582662030999	220833112535032999	220772647995027999	220662135762265999
Insurer(s)	Federal Employee Program	Federal Employee Program	Federal Employee Program	Federal Employee Program
Name	Christopher Roberts	Christopher Roberts	Christopher Roberts	Christopher Roberts
Supply	s	30	06	01
Qty	30	30	48	30
NDC#	29300-	16729-	60505-	52817- 0332-00
Drug Name	Tramadol Hd 50mg Tablet	Finasteride 5 MG Tablet	Fluticasone Prop 50 McG Spray	Cyclobenzaprine 10 MG Tablet
KX #	01400468-	01400468-	01400468-	01400468- 7800493
Fill Date	03/29/2022	03/29/2022	03/18/2022	03/09/2022

**Total Amount** \$255.70 Patient Responsibility \$98.21 Insurance Amount \$157.49 **Number of Prescriptions Filled** 32 Totals:

Disclaimer: "May not reflect all prescription records and may include prescriptions filled at multiple pharmacies"

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01/23/2023 1:17 PM



Customer Statement Report

Date Range: 2022-04-01 to 2022-09-30

+ march 18

Patient: CORINNE CURNUTTE

Date of Birth: 04/06/1959

Address: 4183 KNOLLVIEW CT

BATAVIA, OH 45103

05/18/2022	06/21/2022	07/01/2022	07/24/2022	07/24/2022	08/18/2022	09/24/2022	Fill Date
01400468- 7816537	01400468- 7816537	01400468- 4676130	01400468- 7860397	01400468- 7871451	01400468- 7860397	01400468- 7860397	RX #
Duloxetine Hcl Dr60 Mg Capsule	Duloxetine Hcl Dr60 Mg Capsule	Tramadol Hcl 50mg Tablet	Duloxetine Hcl Dr60 Mg Capsule	Levothyroxine 88 McG Tablet	Duloxetine Hcl Dr60 Mg Capsule	Duloxetine Hcl Dr60 Mg Capsule	Drug Name
51991- 0748-10	51991- 0748-10	29300- 0355-05	51991- 0748-10	69238- 1833-07	51991- 0748-10	51991- 0748-10	NDC#
30	30	30	30	90	30	30	Qty
30	30	15	30	90	30	30	Days Supply
Muhammad Munir	Muhammad Munir	Muhammad Munir	Muhammad Munir	Lauren Herzfeld	Muhammad Munir	Muhammad Munir	Prescriber Name
Federal Employee Program	Federal Employee Program	Federal Employee Program	Federal Employee Program	Federal Employee Program	Federal Employee Program	Federal Employee Program	insurer(s)
221376735166304999	221694441847174999	221795277516141999	222008377610273999	222013291812180999	222305339437023999	222626899153259999	TP Auth #
	1		t		1	1	Insurance Amount
\$4.1	\$4.1	\$0.93	<b>54.</b>	\$12	\$4.1	\$4.1	Patient Responsibility
\$4.1	\$4.1	\$0.93	\$4.1	\$12	\$4.1	7	Total

04/21/2022	04/21/2022	Fill Date
01400468- 7773935	01400468- 7816537	RX#
Levothyroxine 88 McG Tablet	Duloxetine Hcl Dr60 Mg Capsule	Drug Name
69238- 1833-07	51991- 0748-10	NDC #
90	30	Qty
90	30	Supply
Lauren Herzfeld	Muhammad Munir	Name
Federal Employee Program	Federal Employee Program	Insurer(s)
221085843774284999	221085846184152999	TP Auth#
36	r	Amount
\$12	\$4.1	Responsibility
\$12	\$4.1	Amt

	Totals:
9	Number of Prescriptions Filled
\$0.00	ed Insurance Amount
\$49.53	Patient Responsibility
\$49.53	Total Amount

Disclaimer: "May not reflect all prescription records and may include prescriptions filled at multiple pharmacies"

**Confidential Information** 

+ 410

01/23/2023 12:36 PM



**Customer Statement Report** 

Date Range: 2022-03-01 to 2022-03-31

Patient: CORINNE CURNUTTE

Date of Birth: 04/06/1959

Address: 4183 KNOLLVIEW CT

BATAVIA, OH 45103

Statement prepared at: kroger.com

03/10/2022	03/18/2022	מטוומובטבב	03/18/2022	THE PARK	Fill Date	
7804665	01400468-	7768446	01400468-	CAT THE REAL PROPERTY OF THE PARTY OF THE PA	RY #	
0.188 GM Tab	Sutab 1.479-0.225-	Mg Capsule	Duloxetine Hcl Dr60	entermination of the state of t	Drig Name	
0201-01	52268-	0748-10	51991-		<b>2</b> 00 #	
7	A CONTRACTOR OF THE PROPERTY O	50	S <sub>O</sub>	Compact to the proposed property of the second property of the secon	Đ.	
	water of the contract of	5	ő	Supply	Days	
INIGIALI LONGE	Manin Lonez	Munir	Muhammad	Name	Prescriber	
Program	Federal Employee	Program	Insurer(s)			
A TO LOCATION IN THE PERSON NAMED IN T	T12203158Y77V	FEG. 3000 1110 1110 1110 1110 1110 1110 111	220758001176173999	TP Auth #		
4100.07	\$108 sq (			Amount	Insurance	
\$108.59 already tuened in		+	\$4.1	Responsibility	Patient	
4.00.00	را اس اس			Amt	Total	

**Number of Prescriptions Filled** 

Totals:

Insurance Amount

**Patient Responsibility** 

**Total Amount** 

2

\$108.59

\$64,10 4,10

\$172.69

Disclaimer: "May not reflect all prescription records and may include prescriptions filled at multiple pharmacies"

**Confidential Information** 

01/23/2023 12:38 PM



Customer Statement Report Date Range; 2022-03-01 to 2022-09-30

Patient: DAVID CURNUTTE

Date of Birth: 09/11/1955

Address: 4183 KNOLLVIEW CT.

BATAVIA, OH 45103

RX #		Drug Name	WDC #	A\$	Days Supply	Prescriber Name	Insurer(s)	TP Auth #	Insurance Amount	Patient Responsibility	Total Amt
01400468-	±	Tramadol Hcl 50mg Tablet	29300-	30	9	Christopher Roberts	Federal Employee Program	222642392066260997		\$0.93	\$0.93
01400468-	#.	Fluticasone Prop 50 McG Spray	60505-	48	06	Christopher Roberts	Federal Employee Program	222417792042203999	1	\$12	\$12
01400468-	<b>.</b>	Finasteride 5 MG Tablet	16729- 0090-16	30	30	Christopher Roberts	Federal Employee Program	222008374565178999		\$2.1	\$2.1
01400468-	-&	Finasteride 5 MG Tablet	16729- 0090-16	30	30	Christopher Roberts	Federal Employee Program	221777849629245999		\$2.1	\$2.1
01400468-	-8	Finasteride 5 MG Tablet	16729- 0090-16	30	30	Christopher Roberts	Federal Employee Program	221426625472187999	,	\$2.1	\$2.1
01400468-	- <del>-</del>	Finasteride 5 MG Tablet	16729- 0090-16	30	30	Christopher Roberts	Federal Employee Program	221162802612046999	ı	\$2.1	\$2.1
01400468-	-89-	Cyclobenzaprine 10 MG Tablet	52817- 0332-00	30	10	Christopher Roberts	Federal Employee Program	222642369448120999	,	\$1.19	\$1.19
	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN										

Fill Date	RX #	Drug Name	NDC#	QtA	Supply	Name	Insurer(s)	TP Auth #	Amount	Responsibility	Amt
09/02/2022	01400468-	Fluticasone Prop 50 McG Spray	60505-	48	06	Christopher Roberts	Federal Employee Program	222417792042203999		\$12	\$12
08/30/2022	01400468- 7891518	Finasteride 5 MG Tablet	16729- 0090-10	30	30	Christopher Roberts	Federal Employee Program	222412984121225999	1	\$2.1	\$2.1
08/30/2022	01400468- 7891522	Cyclobenzaprine 10 MG Tablet	52817-	30	10	Christopher Roberts	Federal Employee Program	222413007217066999		\$1.19	\$1.19
08/30/2022	01400468- 4677969	Tramadol Hd 50mg Tablet	29300-	30	Z.	Christopher Roberts	Federal Employee Program	222413012043012998	ı	\$0.93	\$0.93
08/18/2022	01400468- 7886353	Capmist DM 15-400- 60mg Tablet	29978-	20	10	Caroletta James	Visory Discount- Recommended	16048072	manuali manual	\$8.33	\$8.33
08/18/2022	01400468- 7886343	Doxycycline Mono 100 MG Cap	00713-	50	01	Caroletta James	Federal Employee Program	222304571445093999	ı	\$8.57	\$8.57
08/18/2022	01400468- 7886397	Permethrin 5% Gream	21922- 0021-07	09	7	Caroletta James	Federal Employee Program	222296106440309999	\$60.9	\$10	\$70.9
08/16/2022	01400468-	Paxlovid 300-100 MG Pack (Eua)	0345-30	30	S.	Nicole Jones	Federal Employee Program	222285187813037999	\$10	0\$	\$10
08/01/2022	01400468- 7874995	Cyclobenzaprine 10 MG Tablet	52817- 0332-00	30	10	Christopher Roberts	Federal Employee Program	222082271781235999		\$1.19	\$1.19
08/01/2022	01400468-	Tramadol Hcl 50mg Tablet	29300-	30	rv.	Christopher Roberts	Federal Employee Program	222082274658164998		\$0.93	\$0.93
07/24/2022	01400468- 7871308	Pantoprazole Sod Dr40 Mg Tab	31722- 0713-10	06	06	Christopher Roberts	Federal Employee Program	222012186815181999		9\$	9\$
07/24/2022	01400468-	Finasteride 5 MG Tablet	16729- 0090-16	30	30	Christopher Roberts	Federal Employee Program	222008374565178999	And a construction of the	\$2.1	\$2.1
07/07/2022	01400468-	Cyclobenzaprine 10 MG	52817-	30	10	Linda Dault	Federal Employee	221884137887092999		\$1.19	\$1.19

TP Auth # Amount Responsibility Amt	Federal Employee 221792764411100999 - \$0.93 \$0.93	Federal Employee 221777849629245999 - \$2.1	Federal Employee 221792768655170999 \$85.6 \$0 \$85.6	Federal Employee 221645224314272999 \$0.99 \$5 \$5.99 Program	Federal Employee 221582622898189998 - \$0.93 \$0.93	Federal Employee 221582615637005999 - \$1.19 \$1.19	Federal Employee 221426625472187999 - \$2.1 \$2.1	Federal Employee 221375721764217998 - \$1.68 \$1.68	Federal Employee 221262808122208999 - \$1.19 \$1.19	Federal Employee 221262445123155999 - \$0.93 \$0.93	Federal Employee 221162804013211999 - \$6 \$6	Federal Employee 221162802612046999 - \$2.1 \$2.1	Federal Employee
	Christopher Federal Er Roberts Program	Christopher Federal E Roberts Program	Christopher Federal Er Roberts Program	Christopher Federal E Roberts Program	Christopher Federal Er Roberts Program	Christopher Federal Er Roberts Program	Christopher Federal Er Roberts Program	Muhammad Federal Er Munir Program	Christopher Federal Er Roberts Program	Christopher Federal Er Roberts Program	Christopher Federal Er Roberts Program	Christopher Federal Er Roberts Program	Christopher Federa
Qty Supply	30 S	30 30	2 2	180 90	30 5	30 10	30 30	5 01	30 10	30 \$	06 06	30 30	
NDC #	29300-	16729- 0090-16	00093-	52817- 0360-00	29300-	52817- 0332-00	16729- 0090-16	00406-	52817- 0332-00	29300-	62175- 0617-43	16729- 0090-16	52817-
Drug Name	Tramadol Hcl S0mg Tablet	Finasteride 5 MG Tablet	Naloxone Hcl 4 MG Nasal Spray	Metoprolol Tartrate 25 MG Tab	Tramadol Hd 50mg Tablet	Cyclobenzaprine 10 MG Tablet	Finasteride 5 MG Tablet	Hydrocodone- Acetaminophen 5-325 Tab	Cyclobenzaprine 10 MG Tablet	Tramadol Hd 50mg Tablet	Pantoprazole Sod Dr40 Mg Tab	Finasteride 5 MG Tablet	Cyclobenzaprine 10 MG
RX #	01400468-	01400468-7779855	01400468-	01400468-	01400468-	01400468-	01400468-	01400468-	01400468-	01400468-	01400468-	01400468-	01400468-
Fill Date	06/28/2022	06/28/2022	06/28/2022	06/17/2022	06/08/2022	06/08/2022	05/23/2022	05/18/2022	05/06/2022	05/06/2022	04/28/2022	04/28/2022	

	The state of the s			
Amt	\$0.93	\$2.1	\$12	\$1.19
Responsibility	\$0.93	\$2.1	\$12	\$1.19
Amount	ı		•	1
TP Auth #	220842582662030999	220833112535032999	220772647995027999	220662135762265999
Insurer(s)	Federal Employee Program	Federal Employee Program	Federal Employee Program	Federal Employee Program
Name	Christopher Roberts	Christopher Roberts	Christopher Roberts	Christopher Roberts
Supply	s	30	06	01
Qhy	30	30	48	30
WDC#	29300-	16729-	60505-	52817-
Drug Name	Tramadol Hcl 50mg Tablet	Finasteride 5 MG Tablet	Fluticasone Prop 50 McG Spray	Cyclobenzaprine 10 MG Tablet
KX #	01400468-	01400468-	01400468-	01400468- 7800493
Fill Date	03/29/2022	03/29/2022	03/18/2022	03/09/2022

**Total Amount** \$255.70 Patient Responsibility \$98.21 Insurance Amount \$157.49 **Number of Prescriptions Filled** 32 Totals:

Disclaimer: "May not reflect all prescription records and may include prescriptions filled at multiple pharmacies"

Confidential Information

01/23/2023 1:17 PM