

Online Claim Submission

Code: CCA

Employer: Fred Hutchinson Cancer Center fka SC

EmplID: 531985642

EmpName: Cary, Jeffrey

Submitted: February 5, 2023

Batch: 30189945

Claim Total: \$90.00

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/1/2023	RX	\$90.00	Provider: Walgreens. For whom: self.

JEFFREY CARY19759 SE 38th Way ****name Alert***, Camas, WA 986078851
(206)499-8812**RX # 2785796-06103**

DATE: 02/01/23

AMLODIPINE BESYLATE 10MG TABLETS

QTY: 90 NO REFILLS - DR. AUTH REQUIRED

Copy NDC: 29300-0398-10

Retail Price: \$131.89 Your Insurance Saved You: \$101.89

\$ 30.00

PBR: K. ELGHONEMY
MFG: UNICHEM
SSS/TRK/TRK/TRK/TRKPLAN: PAID
GROUP# BCWAPDP
CLAIM REF# 083161761031113101*Walgreens*Customer
receipt

1905 SE 164TH AVE VANCOUVER, WA 98683

PH: (360)885-2938

JEFFREY CARY19759 SE 38th Way ****name Alert***, Camas, WA 986078851
(206)499-8812**RX # 2785797-06103**

DATE: 02/01/23

PANTOPRAZOLE 40MG TABLETS

QTY: 180 3 REFILLS BEFORE 05/05/23

Copy NDC: 65862-0560-90

Retail Price: \$497.79 Your Insurance Saved You: \$467.79

\$ 30.00

PBR: K. ELGHONEMY
MFG: AUROBINDO
JTD/TRK/TRK/TRK/TRKPLAN: PAID
GROUP# BCWAPDP
CLAIM REF# 455612640231113101*Walgreens*Customer
receipt

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PH: (360)885-2938

JEFFREY CARY19759 SE 38th Way ****name Alert***, Camas, WA 986078851
(206)499-8812**RX # 2785795-06103**

DATE: 02/01/23

LOSARTAN 100MG TABLETS

QTY: 90 NO REFILLS - DR. AUTH REQUIRED

Copy NDC: 43547-0362-11

Retail Price: \$178.99 Your Insurance Saved You: \$148.99

\$ 30.00

PBR: K. ELGHONEMY
MFG: SOLCO
SSS/ASS/ASS/TRK/TRKPLAN: PAID
GROUP# BCWAPDP
CLAIM REF# 328621031921113101*Walgreens*Customer
receipt

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