

Online Claim Submission

Code: DOC

Employer: DocuSign, Inc.

EmpID: 538840173

EmpName: Kim, Christine

Submitted: January 23, 2023

Batch: 29991625

Claim Total: \$92.82

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/14/2023	RX	\$92.82	Provider: CVS caremark. For whom: Christine Kim. Mail Order Prescriptions



CVS caremark™ Mail Service
Invoice/Receipt



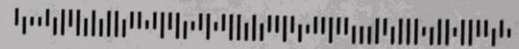
000003851968440014



513017037

Balance Due Upon Receipt
\$0.00

CHRISTINE Y. KIM
1500 S 18TH ST K202
RENTON, WA 98055-0000



CVS Caremark
PO Box 659539
San Antonio TX 78265-9539

See reverse side for payment or refund options. Retain the bottom portion of this form for your records.

Summary for order 000003851968440

Date: 01/14/2023

Name / Rx#	Quantity	Days Supply	Drug Name / NDC	Co-Pay Amount
CHRISTINE Y. KIM Rx# 157214017	90 EA	90	Losartan TAB 100MG NDC 43547036209	\$9.45*
CHRISTINE Y. KIM Rx# 157214019	90 EA	90	Amlodipine TAB 5MG NDC 69097012705	\$6.24*
CHRISTINE Y. KIM Rx# 157214021	90 EA	90	Rosuvastatin TAB 10MG NDC 70377000712	\$20.00*
CHRISTINE Y. KIM Rx# 157214022	180 EA	90	Metformin Er TAB 500MG GP NDC 70010049109	\$7.13*
CHRISTINE Y. KIM Rx# 157223193	2 PKG	90	Accu-chek TES AVIVA PL NDC 65702040810	\$50.00*

Inspect the Accu-Chek test strip container before using the test strips for the first time. If you see any damage to the container, if anything prevents the cap from closing properly, or if the container was open before using for the first time, do not use the test strips. Damaged test strips can cause inaccurate results, which could lead to improper therapy. Contact us to request a replacement order.

* FSA/HRA eligible health care expenses. Retain Invoice/Receipt for your records.

Written information about this prescription has been provided to you. Please read this information before you take this medication. If you have any questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions toll-free at 1-888-792-3862.

The Notice of Privacy Practices can be found at the web site on your identification card or by writing to: CVS CAREMARK, PO BOX 52072, PHOENIX, AZ 85072-2072.

Shipping Charge
Total for this Order

\$0.00

Previous Account Balance

\$92.82

Payment Received with this Order

\$0.00

Balance Due Upon Receipt

- \$92.82

A Balance Due may not reflect payments recently mailed separate from this order.

\$0.00

This document may contain references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with us.

Page