

## Online Claim Submission

Code: CYK  
Employer: City of Rockland  
EmpID: 000001527  
EmpName: Hashem, Julie  
Submitted: February 10, 2023  
Batch: 30282454  
Claim Total: \$12.24  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/7/2023	RX	\$12.24	Provider: Carelon. For whom: Self.

provided by Carlenox, Inc.  
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.

Order information continues on the next page.

Summary for order 000003363010640

Julie E. HASHEM  
K# 760194238

This prescription is signed up for automatic refills. We will mail your refills and contact your doctor for a new prescription when needed.

Payment received with this Order

This prescription is signed up for automatic refills and renewal. Your previous prescription 760194235 for this drug was removed from the program.

Julie E. HASHEM  
K# 765282957

This prescription is signed up for automatic refills and renewal. Your previous prescription 760194236 for this drug was removed from the program.

Julie E. HASHEM  
K# 765282956

Summary for order 00000370040640

Name / K#	Quantity	Supply	C-o-Pay Amount
Julie E. HASHEM K# 765282956	90 EA		\$1.24*
Hydrocodone TAB 25MG NDC 2115500610	90		
Loxan TAB 100MG NDC 43547036209	90		\$6.94*
Ambidrine TAB 5MG NDC 66097012705	90		\$2.04*

Date: 02/07/2023

See reverse for payment or refund options. Retain the bottom portion of this form for your records.  
This package includes 35 different orders.

2778248

Julie E. HASHEM  
34 BROWNS HEAD  
NORTHPORT, ME 04849

Carlenox Mail  
PO Box 659539  
San Antonio TX 78265-9539

Balance Due Upon Receipt \$0.00

carlenox  
Mail Service  
Invoice/Receipt

00000370040640

provided by Carlenox, Inc.  
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.

Order information continues on the next page.

Summary for order 000003363010640

Julie E. HASHEM  
K# 760194238

This prescription is signed up for automatic refills. We will mail your refills and contact your doctor for a new prescription when needed.

Payment received with this Order

This prescription is signed up for automatic refills and renewal. Your previous prescription 760194235 for this drug was removed from the program.

Julie E. HASHEM  
K# 765282957

This prescription is signed up for automatic refills and renewal. Your previous prescription 760194236 for this drug was removed from the program.

Julie E. HASHEM  
K# 765282956

Summary for order 00000370040640

Name / K#	Quantity	Supply	C-o-Pay Amount
Julie E. HASHEM K# 765282956	90 EA		\$1.24*
Hydrocodone TAB 25MG NDC 2115500610	90		
Loxan TAB 100MG NDC 43547036209	90		\$6.94*
Ambidrine TAB 5MG NDC 66097012705	90		\$2.04*

Date: 02/07/2023

See reverse for payment or refund options. Retain the bottom portion of this form for your records.  
This package includes 35 different orders.

2778248

Julie E. HASHEM  
34 BROWNS HEAD  
NORTHPORT, ME 04849

Carlenox Mail  
PO Box 659539  
San Antonio TX 78265-9539

Balance Due Upon Receipt \$0.00

carlenox  
Mail Service  
Invoice/Receipt

00000370040640