

Online Claim Submission

Code: SHH
Employer: Snohomish County
EmpID: 027690
EmpName: Abrahamson, Cynthia
Submitted: February 9, 2023
Batch: 30262443
Claim Total: \$29.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/7/2023	RX	\$29.00	Provider: Walgreens. For whom: C Abrahamson.

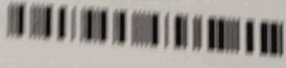
None of this drug or use it more often than you have been told. Dizziness have happened when too much of this drug was taken. Talk with your doctor. Call your doctor right away if your normal dose does not work well, if your signs get worse, or if you need to use this drug more often than normal. If you have high blood sugar (diabetes), you will need to watch your blood sugar closely. Do not get this drug in the eyes. If this drug gets in the eyes, rinse with water right away. Call the doctor right away if this drug gets in the eyes and blurred eyesight, worsened glaucoma, or eye pain happens. Tell your

Keep out of reach of children: Store in safety container.

CYNTHIA ABRAHAMSON
10128 23rd
Everett, WA 98201-4781

RX # 1183554-07570

DATE: 02/07/23



COMBIVENT RESPIMAT ORAL 120SPRAY 4G
QTY: 4 NO REFILLS - DR. AUTH REQUIRED
New-E NDC: 00597-0024-02
Retail Price: \$554.99 Your Insurance Saved You: \$564.99

\$ 20.00

POC: R. PARSONS
MFG: SCHERING-PLANTILANTIL
PLAN: REGEN
CLAIM REF# 230395788254026999

Walgreens

2206 BROADWAY EVERETT, WA 98201
PH: (425)252-5213

Customer receipt

Pharmacy use only

TUE 12:02PM
New-E

COMBIVENT RESPIMAT ORAL 120SPRAY 4G
00597-0024-02
UNIT OF USE

QTY

CYNTHIA
10128 23rd
142514781

RX #

COMBIVENT
QTY: 4
New-E
Retail

PBR:
MFG:
HTL