Online Claim Submission

Code: VOA

Employer: Voss Auto Network, Inc.

EmpID: 302747354

EmpName: Duckson, David

Submitted: January 23, 2023

Batch: 29989514

Claim Total: \$46.55

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/4/2023	RX	\$46.55	Provider: Drug Mart. For whom: David
				Duckson. Prescription for myself



1575 Lyons Roac Manager: Joseph S.

Centerville, CF 45458 (937) 439-9779

discount-drugmant.com

SALE E-921 V81s 01/04/2023 18:24-42

038-21-0139-1672856682-8131-0

CASH PRESCRIPTION

01 NO+

009335102001

46.55

Rx #: → #: 8183 Refill: 000

SUBTOTAL. TOTAL

46.55 46.55

VISE CREDIT USDS

46.55

Chip Flead: XXXXXXXXX9170

ALD: FCC00000031010

- TVF: 8000008000

IAD: CEC11203A0B000

TSI: 6800 ARC: 00

SECUENCE: 874765

ISSUER: APPLICATED 07708D

HEALTH ITEN TOTAL 46.55 ITEMS MARKED LITH + MAY BE ELIGIBLE

COR RETURN & SEMENT FROM YOUR



Pharmacy #58 1575 LYONS RD CENTERVILLE, OH 45 458

(937) 439-9779

DUCKSON, DAVID D

260 HILLLCREST DR SPRINGBORO, OH 45066

(937) 608-4036

DOB: MM/24/1968



Rx C1178183-00 01/04/2023 CM/BE

TESTOSTER ONE 1.62% GEL PUMP Nor Generic for AndroGel

Qty 75 16714-0967-01 Refill 1 times before 07/02/2023 Qty Remainin; 375

STANLEY, ERICAL. (937) 293-1622

Price \$46.55

39-9779

approved

SyncYourMeds Not Enrolled

but copay is high

SENIOR SAVINGS DAY! IS EVERY WEDNESDAY!

10 PERCENT OFF ENTIRE PURCHASE (Exclusions Apply) 60+ YEERS OLD

See store for details



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