

Online Claim Submission

Code: SYV
Employer: Shorenstein Realty Services
EmpID: 121506024
EmpName: McNee, Ann
Submitted: February 10, 2023
Batch: 30281698
Claim Total: \$53.94
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/6/2023	RX	\$53.94	Provider: Rite Aid. For whom: Ann.

RITE AID-1400 LINDA MAR BLVD
1400 LINDA MAR BOULEVARD
PACIFICA, CA 94044-4327

(650) 359-6691
Store DEA : BT5237638
RPH : JYH

Rx 05890 1398549

Date Filled : 02/06/2023

MCNEE, ANN

(415) 238-3173

24 DURAN CT
PACIFICA, CA 94044

ENOXAPARIN 40 MG/0.4 ML SYR

DAW : 0

NDC : 00955-1004-10

QTY : 12

DAYS SUPPLY : 30

MIRALDA, BRIGID S NP

1825 4TH ST, FL 4
SAN FRANCISCO, CA 94158

REFILL 4 TIMES UNTIL 12/11/2023

CAREMARK CARELON RX(BIN#020099 PCN:WG)

GRP: WLHA

CLM REF#: 23037710620445



RITE
AID

U&C:

\$2,222.99

PAY:

\$53.94

MEDICATION WARNINGS

DO NOT TAKE ASPIRIN PRODUCTS WITHOUT DR APPROVAL. CONTINUE TAKING LOW-DOSE ASPIRIN UNLESS DOCTOR TELLS YOU TO STOP.	READ THE BOXED WARNING INFORMATION FOR THIS MEDICATION.
DO NOT TAKE NON-PRESCRIBED DRUGS CONTAINING ASPIRIN, IBUPROFEN OR NAPROXEN WITHOUT CONSENT OF YOUR PHYSICIAN	
PATIENTS REGULARLY TAKING NSAIDS (EG IBUPROFEN) ,AND THIS DRUG MAY BE AT GREATER RISK FOR STOMACH BLEEDING--CONSULT YOUR DOCTOR.	
IMMEDIATELY REPORT BLEEDING OR BRUISING TO YOUR DOCTOR.	

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