

Online Claim Submission

Code: L3M
Employer: Eliem Therapeutics, Inc.
EmpID: 0043
EmpName: Tomlin, Cheryl
Submitted: February 10, 2023
Batch: 30283509
Claim Total: \$10.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/8/2023	RX	\$10.00	Provider: Walgreens. For whom: Cheryl Tomlin.

CHERYL A TOMLIN

1022 10th Ave SE Apt I1, Puyallup, WA 983724990
(253)770-7103

RX # 2352229-06102

DATE: 02/07/23

ACYCLOVIR 800MG TABLETS

QTY: 30 1+ REFILLS BEFORE 05/18/23

Copy NDC: 23155-0228-01

Retail Price: \$53.99 Your Insurance Saved You: \$43.99

\$ 10.00

PBR: E. GIANOTTO
MFG: HERITAGE
WCC/COR/COR/SSP/KEO

PLAN: PAID
GROUP# FA9527957XMWO3L
CLAIM REF# 845720159275334101

Walgreens

4404 S MERIDIAN PUYALLUP, WA 983739500

PH: (253)770-6484

Customer
receipt

Walgreens

#06102 4404 S MERIDIAN
PUYALLUP, WA 98373
253-770-6484

821 6085 0091 02/08/2023 5:42 PM

FSA RX 2352229 10.00

TOTAL 10.00
VISA ACCT 4415 10.00
AUTH CODE 074204
CHANGE .00

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 10.00
TOTAL FSA AND RX ITEMS 10.00

APPROVED FSA/HRA AMOUNT 0.00

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RFN# 0610-2916-0854-2302-0803



my**W**

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