

Online Claim Submission

Code: YVF
Employer: Yakima Valley Farm Workers Clinic
EmpID: 456978793
EmpName: RINIKER, KRISTY
Submitted: January 18, 2023
Batch: 29917983
Claim Total: \$25.94
Attachments: 1

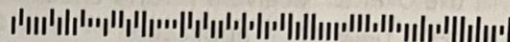
Line	Service Date(s)	Type	Cost	Notes
1	1/13/2023	RX	\$25.94	Provider: CVS. For whom: Kristy.



000003439637440905

**CVS caremark™ Mail Service
Invoice/Receipt**

678222533

Balance Due Upon Receipt
\$0.00KRISTY RINIKER
7306 Crown Crest Ave
Yakima, WA 98903CVS Caremark
PO Box 659539
San Antonio TX 78265-9539

See reverse side for payment or refund options. Retain the bottom portion of this form for your records.

Summary for order 000003439637440

Name / Rx#	Quantity	Days Supply	Drug Name / NDC	Total Rx Cost	Date: 01/13/2023 Benefit Provider Paid	Co-Pay Amount
KRISTY RINIKER Rx# 157157874	135 EA	90	Sertraline TAB 100MG NDC 68180035309	\$13.54	\$0.00	\$13.54*
A Medication Guide with additional information about how to use this drug is available online. Log in to your account and click on "Prescription History" under the "Prescriptions" tab.						
KRISTY RINIKER Rx# 157157876	180 EA	90	Trazodone TAB 50MG NDC 13668033005	\$12.40	\$0.00	\$12.40*
A Medication Guide with additional information about how to use this drug is available online. Log in to your account and click on "Prescription History" under the "Prescriptions" tab.						

* FSA/HRA eligible health care expenses. Retain Invoice/Receipt for your records.

Written information about this prescription has been provided to you. Please read this information before you take this medication. If you have any questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions toll-free at 1-866-818-6911.

The Notice of Privacy Practices can be found at the web site on your identification card or by writing to: CVS CAREMARK, PO BOX 52072, PHOENIX, AZ 85072-2072.

Shipping Charge

Total Cost for this Order:	\$25.94	\$25.94	\$0.00	\$25.94
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Previous Account Balance

Payment Received with this Order			\$0.00	
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Balance Due Upon Receipt

			- \$25.94	
			\$0.00	

* Balance Due may not reflect payments recently mailed separate from this order.

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.