

## Online Claim Submission

Code: MAA  
Employer: Escalent, Inc.  
EmpID: 370741261  
EmpName: YARIS, ROCHELLE  
Submitted: January 26, 2023  
Batch: 30046832  
Claim Total: \$30.00  
Attachments: 2

| Line | Service Date(s) | Type | Cost    | Notes  |
|------|-----------------|------|---------|--|
| 1    | 1/20/2023       | RX   | \$30.00 | Provider: Meijer Pharmacy. For whom: Steven. |

YA

01/20/2023



13000 MIDDLEBELT RD  
LIVONIA, MI 48150  
(734)367-0010

Yaris, Steven  
25968 Dover  
Redford, MI 48239-1821

RX# 618800185416  
Metoprolol Succinate ER 24HR 200 MG TAB SLAT

(313)937-0896  
Birth Year: 1958

NDC#70436-0167-01 Qty 90  
Prescriber: ROBERT VARTABEDIAN MD

INS1:OPRX Group:BCBSMRX1

\*\*\*MPERKS SAVED\*\*\*

The retail price of this prescription without  
insurance is \$125.22



D M R

KEY 630  
\$30.00

Yaris, Steven

Counseled: ☐

Counseled refused: ☐

Rx:618800185416

1/20/2023

Signature: \_\_\_\_\_

**Prescription Notes**

1. If you have any questions or concerns about your  
prescriptions, please call (734)367-0010 to speak to  
one of our Meijer pharmacists.

**Patient Notes**

**Additional Warning Labels**

1. Check With Your Doctor Or Pharmacist To Make Sure It Is  
Safe For You To Take This Drug With All Of Your Other  
Drugs.
2. Take Or Use This Medicine Exactly As Directed. Do Not  
Skip Doses Or Discontinue Unless Directed By Your Doctor.

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