

Online Claim Submission

Code: SM9
Employer: Smarsh Inc.
EmpID: 461271454
EmpName: Ring, Richard
Submitted: January 23, 2023
Batch: 29988944
Claim Total: \$14.71
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/18/2023	RX	\$14.71	Provider: Kroeger. For whom: Richard Ring. prescription medicine

Patient Pay: \$14.71
1 of 1 Items in Order

Action Items:
No Action Needed

Auto Refill:
Enrolled

Auto Notify:
Email: Not Enrolled
Text: Enrolled
Voice: Not Enrolled

Precautions:
FOR THE EYE.

REFRIGERATE UNOPENED
BOTTLE. MAY STORE AT ROOM
TEMPERATURE AFTER OPENING
FOR USE.

ONCE BOTTLE IS OPENED,
DISCARD UNUSED MEDICATION
AFTER _____.

IF YOU ARE USING OTHER EYE
MEDICATIONS, WAIT AT LEAST 5
MINUTES BEFORE APPLYING
THEM UNLESS DIRECTED
OTHERWISE.

DUPLICATE RECEIPT

KROGER PHARMACY 03400327
13135 LOUETTA RD
CYPRESS, TX 77429
PH: (281) 379-7756 NCPDP: 4599582
DATE: 01/13/2023

RICHARD L RING

LATANOPROST 0.005% EYE DROPS

NDC: 61314-0547-03 QTY: 2.5

RX# 6533909 TX: 0001309353

PRESCRIBER: T SUN

PRICE: \$14.71

REFILL

KROGER PHARMACY 03400327
13135 LOUETTA RD CYPRESS, TX 77429
PHONE: (281) 379-7756 STORE: 03400327

RICHARD L RING

RX# 6533909 TX: 0001309353 DAW: 0

LATANOPROST 0.005% EYE DROPS (3)

NDC: 61314-0547-03 QTY: 2.5 DAYS: 25

UNITED HEALTHCARE AUTH # : 230131189070206 T SUN

NPI: 1306803283

NO REFILLS REMAINING

PRICE: \$14.71

YOUR INSURANCE BENEFIT SAVED YOU: \$72.78

RPH: OL

D.E.: _ _ _ _

DATE: 01/13/2023

NCPDP: 4599582

02/17/58

REFILL

13911 ALMAHURST LN

CYPRESS, TX 77429

PHONE: (281) 787-8620

PRESCRIBER:

T SUN

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1 of 1 Items in Order

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