

Online Claim Submission

Code: BUR

Employer: Burns & McDonnell

EmpID: 329503341

EmpName: Gonzalez, Joan

Submitted: February 11, 2023

Batch: 30292119

Claim Total: \$103.02

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/26/2023	RX	\$103.02	Provider: Alwan Pharmacy. For whom: Juan.

ALWAN PHARMACY

"WE DELIVER"

PRESCRIPTION INFORMATION

311 NORTHWESTERN AVE. PEORIA, IL 61604

PH: 309-676-6333

For: GONZALEZ, JUAN
Doctor: CATALONA, WILLIAM J.

Rx#: 6919308

Date: 01/26/23

Pharmacist: MIKE MINESINGER

Dr Phone: 312-695-8146

MED: PPAV-PHENT 30MG-3MG/ML SOL NDC#: 00000-0001-15

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"WE DELIVER"

311 NORTHWESTERN AVE.

PH: 309-676-6333

Patient counseling: You may contact the pharmacist for consultation in person at the pharmacy or by telephone.

Rx 6919308

GONZALEZ, JUAN

01/26/23

NABP#: 1452301

Acct#:

931 HOME AVE
Oak Park, IL 60304

MED: PPAV-PHENT 30MG-3MG/ML SOL

Qty: 5

DS: 15

TAX: \$1.02

AMOUNT DUE: \$103.02

Auth#:

312-446-6466

Mfg:

CATALONA, WILLIAM J.

RPh: MIKE MINESINGER

NDC#: 00000-0001-15

UPS Ground

FREEZER**PRESCRIPTION
RECEIPT**

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