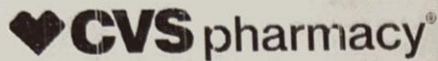


## Online Claim Submission

Code: CU8  
Employer: CHRISTUS Health  
EmpID: 452834292  
EmpName: Dempsey, Narcisa  
Submitted: February 10, 2023  
Batch: 30282514  
Claim Total: \$127.40  
Attachments: 1

| Line | Service Date(s) | Type | Cost     | Notes  |
|------|-----------------|------|----------|--|
| 1    | 2/10/2023       | RX   | \$127.40 | Provider: Dr Ana Paez. For whom: Olivia Aguilar. 90 day supply |



4801 S ALAMEDA ST. CORPUS CHRIS, TX  
PHARMACY: 992-5729 STORE: -

REG#19 TRN#0648 CSHR#2165111 STR#6992

Helped by: SIERRA

ExtraCare Card #: \*\*\*\*\*0385

F1 RX #: \*\*\*\*\*4290000 127.40N

TOTAL CHARGE 127.40  
\*\*\*\*\*0318 CH 127.40

Debit  
APPROVED: 372786 REF# 196482  
TRAN TYPE: SALE AID: A0000000042203  
TC: E67B8D398D9C7D4 TERMINAL# 69069902  
NO SIGNATURE REQUIRED CVM: 1F0302  
TVR(95): 8000008000 TSI(9B): 6800

CHANGE .00



3506 9923 0410 6481 94  
State law may prohibit the return  
of prescriptions. Please consult  
your pharmacist.  
Returns with receipt, subject to  
CVS Return Policy, thru 04/11/2023  
Refund amount is based on price  
after all coupons and discounts.

FEBRUARY 10, 2023 3:06 PM



F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)  
Prescription Eligible Total 127.40

\*\*\*\*\*  
FSA summary above includes items  
(and tax) that may be eligible for plan  
reimbursement. Restrictions may apply.  
\*\*\*\*\*

THANK YOU. SHOP 24 HOURS AT CVS.COM

ExtraCare Card balances as of 02/02

Year to Date Savings 10.00

Fill 10 Prescriptions Get \$5EB  
Pharmacy and Health ExtraBucks 4  
Quantity Toward this Reward 6  
Quantity Needed to Earn Reward

Pharmacy & Health Rewards Enrollment Status

Active Members 2

\*\*\*\*\*

Access all coupons & rewards, and  
track your 2% earnings in the CVS  
Pharmacy app!

\*\*\*\*\*

Promised: 2/10/23, 11:11 PM  
# Scripts: 01



AG 40

Aguilar, Olivia

6002 Orms, Corpus Christi, TX 78412  
DOB: 4/12 TEL: (361) 834-5991

Counsel Original Fill

### Prescription Information



### SYNTHROID 150 MCG TABLET

Take 1 tablet by mouth daily. Brand  
name medically necessary

#### Important Information

- Take this medication on an empty stomach.
- Take this medication with plenty of water.
- Do not take antacids, calcium or iron within 4 hrs of taking this drug.
- Take as a single daily dose before breakfast.
- Take or use this exactly as directed. Do not skip doses or discontinue.

### Receipt & Refill Information

CVS Pharmacy

STORE#: 6992

4801 S Alameda St  
Corpus Christi, TX

STORE TEL: (361) 992-5729

RX: 925429 00 RF

#### INSURANCE INFORMATION:

OPTUMRX BIN 610011 PCN IRX  
TP: 26290 GR: SGPT AUTH#: 230413715413003999

RETAIL PRICE: \$166.99

### SYNTHROID 150 MCG TABLET

NDC: 00074-7069-90 DAW: 1  
QTY: 90 EA

CAP: Safety MFR PKG: Yes

REFILL: 5 by 2/3/24  
MFR: ABBOTT LABS.  
PRSCBR: Ana Paez  
DAYS SUPPLY: 90  
DATE FILLED: 2/10/23

AMOUNT DUE: \$127.40

### Notes from the Pharmacy



OPEN  
HERE