

Online Claim Submission

Code: RB1
Employer: Expetitle
EmpID: 442-70-9327
EmpName: Wogoman, Joseph
Submitted: February 4, 2023
Batch: 30188750
Claim Total: \$10.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	8/28/2022	RX	\$10.00	Provider: Luigi Simone / Carolyn Herrera. For whom: Joseph Wogoman.

What's Included in this Claim

Claim Number: 222404191853486

Service Date

8/28/2022

Member

Joseph(08/04/1971)

Claim Type

Pharmacy

Network

In-Network

Medication Name

TESTOST CYP INJ
200MG/ML

RX Number

000000004044318

Prescribed By

CAROLYN HERRERA

Medication Quantity

3

Days Supply

21

Address

29530 Rancho California
Rd,
Temecula, CA 92591-
5294

Average Retail Price

\$80.99

Our Discounted Price

\$35.22

Amount Plan Paid

-\$25.22

Your Responsibility

\$10.00

Plan Savings

\$70.99

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