

Online Claim Submission

Code: AHD
Employer: Ada County Highway District
EmpID: 532624158
EmpName: Wasson, John
Submitted: February 10, 2023
Batch: 30283808
Claim Total: \$15.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/30/2023	RX	\$15.00	Provider: Alliance Rx. For whom: John Wasson.

allianceRx
Telegreen Pharmacy

Invoice and Receipt



70512706231

P.O. Box 29061, Phoenix, AZ 85038-9061
NABP #: 0320793

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It is easy and quick to pay using your credit card either online at www.alliancerxwp.com/home-delivery or by calling our automated telephone system 1-888-832-5462. Those who are deaf or hard of hearing can call (TTY) 1-800-573-1833.

Ship to: JOHN D WASSON
1301 N ORCHARD ST STE 200
BOISE, ID 83706-2209

Account Balance: \$0.00
Invoice Number: T27D6231
Shipment Date: 1/30/2023
Member ID: *****7424

Prescription Items

Rx Number	Item Description	Quantity				Amount
8551768-03397	HYDROCHLOROTHIAZIDE 25MG TABLETS IVAX 00172-2083-80	90				5.00
7310672-03397	ONE TOUCH VERIO TEST ST(NEW) 100S LIFESCAN 53885-0272-10	100				10.00

THANK YOU FOR YOUR PROMPT PAYMENT.
All credit card charges are pending authorization.

Current Order:	15.00
Less Amount Received:	15.00
Previous Balance:	0.00
Amount Due:	0.00

- Please make us aware if you have any updates regarding your drug allergies or health conditions by calling our customer service number or updating your profile online
- Please contact our Customer Care Center at the phone number on your prescription label if you are in urgent need of any future orders to avoid a gap in medication therapy or have questions on order status/delays.