

Online Claim Submission

Code: CGL
Employer: City of Garland
EmpID: 568233424
EmpName: Hartsock, Sherry
Submitted: February 10, 2023
Batch: 30282546
Claim Total: \$75.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/9/2023	RX	\$75.00	Provider: Eagle Pharmacy. For whom: Sherry Hartsock.

Eagle Pharmacy, LLC

350 Eagles Landing Dr.
Lakeland, FL 33810
(863) 213-3718

SHIP TO:

3300 TOWNBLUFF PL
PLANO, TX 75023-8015

Shipping Slip / Invoice

Patient Number: 99807
Invoice Number: 9958963
Date: 1/9/2023

New Balance: \$0.00

Page 1 of 1

Rx / Item Number	Product Description	Number of Units	Unit of Measure	Total Price
3024713	SYNTHROID TAB 88MCG	90.000	EA	\$75.00

Comments:

For general questions please contact us at (863) 213-3718.
For questions about your prescription medication or to speak with a pharmacist please call (855) 748-2663.
To view your prescription history, or to order your next refill, visit www.eaglepharmacy.com
To learn more about products and services provided by Eagle Pharmacy visit www.eaglepatientdirect.com

Please note that Federal law prohibits the return of prescription medications once they have been dispensed. Please check your order carefully upon receipt. Any discrepancies must be reported within 14 days. Amounts shown reflect this shipment only.

Orders processed without the use of insurance may not be submitted for reimbursement to any state or federally funded programs such as Medicare or Medicaid, and are not eligible to be applied to Medicare Part D true out of pocket (TROOP).

Documents included in shipment:

1. ShippingSlip_1
2. Eagle Pharmacy Privacy Practices-2021-06
3. Texas Board of Pharmacy Consumer Notice-2022-11
4. Texas Patient Notification Requirement-2020-11
5. SYNTHROID TAB 88MCG - Patient Education

Previous Balance	Charges	Payments/Credits	New Balance
\$0.00	\$75.00	\$75.00	\$0.00

Amount Paid
\$

Patient Number: 99807
Invoice Number: 9958963



5980721

Payments can be made by contacting Eagle Pharmacy at
(855) 748-2663

Eagle Pharmacy, LLC
P.O. Box 90937
Lakeland, FL 33804

If the previous account balance has been paid, please disregard.
If this invoice shows a balance due, please remit payment IMMEDIATELY.
When making a payment please include patient number and invoice number.

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