

## Online Claim Submission

Code: MRV

Employer: Marvell Semiconductor, Inc.

EmpID: 137607700

EmpName: Arthur, Edward

Submitted: February 10, 2023

Batch: 30280923

Claim Total: \$14.05

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/1/2023	RX	\$7.07	Provider: CVS Pharmacy. For whom: May Arthur.
2	1/1/2023	RX	\$6.98	Provider: CVS Pharmacy. For whom: Edward Arthur.

Promised: 12/27/22, 11:03 PM

# Scripts: 10

ReadyFill™

AR

127



27 2222496 003 000 00 0000698

Arthur, Edward

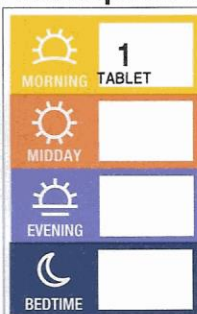
95 Bay Road, North Falmouth, MA 02556

DOB: 9/63

TEL: (508) 333-0000

## Prescription Information

www.cvs.com/druginfo



### IC ROSUVASTATIN CALCIUM 20 MG TAB

Common brand(s): Crestor, Ezallor Sprinkle

Take 1 tablet by mouth every day for 90 days

#### Important Information

- Do not take aluminum or magnesium antacids within 2 hrs of taking this drug.
- CVS ReadyFill prescription. We'll notify you when the next refill is ready.

See back for more information

## Receipt & Refill Information

### CVS Pharmacy

105 Davis Straits  
Falmouth, MA 02540

STORE#: 0594

STORE TEL: (508) 540-4307

RX: 2222496 03 RF

#### INSURANCE INFORMATION:

ANTHEM PCN WG

TP: 37825 GR: WLHA

AUTH#: 223617582880490999

RETAIL PRICE: \$143.99

### IC ROSUVASTATIN CALCIUM 20 MG TAB

NDC: 70377-0008-12 DAW: 0

QTY: 30 EA

CAP: Safety MFR PKG: Yes

REFILL: 2 by 9/8/23  
MFR: BIOCON PHARMA I  
PRSCBR: Mallory Hatfield  
DAYS SUPPLY: 30  
DATE FILLED: 12/27/22

AMOUNT DUE: \$6.98

## Notes from the Pharmacy

THANK YOU. OPEN 24 HOURS 7 DAYS A WEEK  
ExtraCare Card balances as of 12/14  
Year to Date Savings 110.43  
Fill 10 prescriptions Get \$5EB  
Pharmacy and Health Rewards  
Quantity Toward this Reward  
55

FLEXIBLE SPENDING ACCT SUMMARY (FSA)  
Prescription Eligible Total 14.05  
\*\*\*\*\*  
FSA summary above includes items  
(and tax) that may be eligible for plan  
reimbursement. Restrictions may apply.  
\*\*\*\*\*

3500 5943 0019 3110 64  
State law may prohibit the return  
of prescriptions. Please consult  
your pharmacist.  
Returns with receipt, subject to  
CVS Return Policy, thru 03/02/2023  
Refund amount is based on price  
after all coupons and discounts.  
JANUARY 1, 2023 2:54 PM



2 ITEMS  
TOTAL 14.05  
MASTERCARD \*\*\*\*\*8402  
APPROVED# 00191T  
CHANGE .00  
F 1 RX #: \*\*\*\*\*4960030 6.98N  
F 1 RX #: \*\*\*\*\*3290080 7.07N  
ExtraCare Card #: \*\*\*\*\*7675

REG#06 TRN#9311 CSHR#2235875 STR#594  
Helped by: ASJHA

105 DAVIS STRAITS  
FALMOUTH, MA 02540  
508.540.4307

CVS pharmacy®

Promised: 12/27/22, 11:03 PM

# Scripts: 10

ReadyFill™

AR

121



27 2152329 008 000 00 0000707

Arthur, May

95 Bay Road, North Falmouth, MA 02556

DOB: 7/64

TEL: (508) 277-3225

## Prescription Information

www.cvs.com/druginfo



### IC ANASTROZOLE 1 MG TABLET

Common brand(s): Arimidex

Take 1 tablet (1 mg total) by mouth 1 (one) time each day swallow whole with a drink of water.

#### Important Information

- Do not use if pregnant or suspect you are pregnant or are breast feeding.
- This medication may cause dizziness.
- Drug may impair ability to operate a vehicle, vessel or machine. Use care.
- Pregnant women should avoid contact with this medication.
- CVS ReadyFill prescription. We'll notify you when the next refill is ready.

See back for more information

## Receipt & Refill Information

### CVS Pharmacy

105 Davis Straits  
Falmouth, MA 02540

STORE#: 0594

STORE TEL: (508) 540-4307

RX: 2152329 08 RF

#### INSURANCE INFORMATION:

ANTHEM PCN WG

TP: 37825 GR: WLHA

AUTH#: 223617582993479999

RETAIL PRICE: \$181.99

### IC ANASTROZOLE 1 MG TABLET

NDC: 68382-0209-06 DAW: 0

QTY: 30 EA

CAP: Safety MFR PKG: Yes

REFILL: 3 by 5/16/23  
MFR: ZYDUS PHARMACEU  
PRSCBR: Kimberly Draper  
DAYS SUPPLY: 30  
DATE FILLED: 12/27/22

AMOUNT DUE: \$7.07

## Notes from the Pharmacy



Promised: 12/27/22, 11:03 PM

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127



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Arthur, Edward

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## Prescription Information

www.cvs.com/druginfo

	1

**IC ROSUVASTATIN  
CALCIUM 20 MG TAB**  
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Take 1 tablet by mouth every day for 90 days

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**▲ PHARMACY ADVICE\***  
See back for more information

## Receipt & Refill Information

<b>CVS Pharmacy</b> 105 Davis Straits Falmouth, MA 02540 <b>STORE TEL: (508) 540-4307</b> <b>RX: 2222496 03 RF</b> <b>INSURANCE INFORMATION:</b> ANTHEM PCN WG TP: 37825 GR: WLHA AUTH#: 223617582880490999 <b>RETAIL PRICE: \$143.99</b>	<b>IC ROSUVASTATIN CALCIUM 20 MG TAB</b> <b>NDC: 70377-0008-12 DAW: 0</b> <b>QTY: 30 EA</b> <b>CAP: Safety MFR PKG: Yes</b> <b>REFILL: 2 by 9/8/23</b> <b>MFR: BIOCON PHARMA I</b> <b>PRSCBR: Mallory Hatfield</b> <b>DAYS SUPPLY: 30</b> <b>DATE FILLED: 12/27/22</b> <b>AMOUNT DUE: \$6.98</b>
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## Notes from the Pharmacy

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Fill 10 prescriptions Get \$5EB Pharmacy and Health Rewards Quantity Toward this Reward 55

\*\*\*\*\* FLEXIBLE SPENDING ACCT SUMMARY (FSA) \*\*\*\*\*  
 Prescription Eligible Total 14.05  
 \*\*\*\*\* FSA summary above includes items (and tax) that may be eligible for plan reimbursement. Restrictions may apply. \*\*\*\*\*

JANUARY 1, 2023 2:54 PM

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Arthur, May

95 Bay Road, North Falmouth, MA 02556

DOB: 7/64

TEL: (508) 277-3225

## Prescription Information

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	<b>SEE DIRECTIONS</b>

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## Receipt & Refill Information

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## Notes from the Pharmacy

REG#06 TRN#9311 CSHR#2235875 STR#594

Helped by: ASJHA

ExtraCare Card #: \*\*\*\*\*7675

F 1 RX #: \*\*\*\*\*4960030 6.98N  
 F 1 RX #: \*\*\*\*\*3290080 7.07N

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 MASTERCARD \*\*\*\*\*8402 14.05  
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