

Online Claim Submission

Code: NYE
Employer: Sante Health System
EmpID: 556085338
EmpName: Serrato, Mary
Submitted: February 10, 2023
Batch: 30281167
Claim Total: \$31.09
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/28/2023	RX	\$31.09	Provider: Jessica Huipio,PAC, Dr. Perez. For whom: Mary Serrato. on 01/28/23 the Navia system was down at Walgreens. Paid cash for medications.

🚫 **losartan (COZAAR) 100 mg tablet [360243685]**

Dose: **100 mg** Route: **Oral** Frequency: **DAILY**
Dispense Quantity: 90 tablet Refills: 1

Sig: Take 1 tablet (100 mg total) by mouth daily.

Start Date: 01/26/23 End Date: 04/26/23 after 90 doses
Written Date: 01/26/23 Expiration Date: --
Original Order: losartan (COZAAR) 100 mg tablet [346685995]

Appointment Staff

Staff	Department
Huipio, Jessica, PA	Cvwha Fwmg Fp

Providers

Authorizing Provider: Huipio, Jessica, PA	NPI: 1851642243
Supervising Provider: Linscheid Janzen, Robin R, MD	NPI: 1093985830
Ordering User: Huipio, Jessica, PA	

Pharmacy

Walgreens #06082 - FRESNO, CA - 626 S CLOVIS AVE AT NWC OF CLOVIS & KINGS CANYON
626 S CLOVIS AVE, FRESNO CA 93727-4511
Phone: 559-251-0163 Fax: 559-251-0243

🚫 azithromycin (ZITHROMAX) 250 mg tablet [360243691]

Dose, Route, Frequency: As Directed

Dispense Quantity: 6 tablet Refills: 0

Sig: 2 tabs day 1, then 1 tab days 2-5.

Start Date: 01/28/23

End Date: --

Written Date: 01/28/23

Expiration Date: --

Appointment Staff

Staff

Perez, Josephine M, MD

Department

Cmp Tri-County

Providers

Authorizing Provider: Perez, Josephine M, MD

NPI: 1477618650

Ordering User: Perez, Josephine M, MD

Pharmacy

Walgreens #06082 - FRESNO, CA - 626 S CLOVIS AVE AT NWC OF CLOVIS & KINGS CANYON

626 S CLOVIS AVE, FRESNO CA 93727-4511

Phone: 559-251-0163 Fax: 559-251-0243

Walgreens

#06082 626 S CLOVIS AVE
FRESNO, CA 93727
559-251-0163

862 7119 0042 01/28/2023 1:05 PM

FSA RX 2698715 >	6.09
FSA RX 2697998 >	25.00

TOTAL	
VISA ACCT 4698	31.09
CHANGE	31.09
	.00

TOTAL FSA ITEMS	0.00
TOTAL RX ITEMS	31.09
TOTAL FSA AND RX ITEMS	31.09
APPROVED FSA/HRA AMOUNT	0.00

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