

Online Claim Submission

Code: SWA
Employer: WA State PEBB
EmpID: 535825944
EmpName: ANDERSON, LIDIA
Submitted: January 17, 2023
Batch: 29910254
Claim Total: \$25.57
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/17/2023	RX	\$25.57	Provider: Howards pharmacy and drug. For whom: Lidia Anderson. I forgot I had my debit card and paid with cash.



HOWARD'S
Drug & Medical Supply

119 East 3rd Ave. Selah, WA 98942

Phone: 509-902-6062 www.howardsdrug.com

ANDERSON, LIDIA

63 LYLE AVE

SELAH, WA, 98942

Rx 1892845

File # 11/6/2023

FN: 0

PHENTERMINE 37.5 MG CAPSULE

PAID BY: Howards Loyalty

DR. GREGORY SWART

5 S 14TH AVE

YAKIMA, WA, 98902

AND

RECEIPT

DOB: 8/29/1972

QTY: 30 EA

NDC: 10702-0029-01

COPAY \$25.57



(509) 426-2378

DEA: MS0720284

NPI: 1255352183



Sale
#680017



Item	Qty	Total
(F) Rx# 1892345 0	1 x	\$25.57
LIDIA ANDERSON		\$25.57
Subtotal		\$25.57
Tax		\$0.00
Total		\$25.57

RECEIPT
1972
2-0029-01
5.57

Payment Amount
Cash \$25.57
Remaining \$0.00

Return Policy: Prescriptions cannot be refunded. All other items will receive a full refund within 30 days with a receipt. If a receipt is not available or it is after 30 days, a refund may be issued at our discretion.

Howard's Drug
119 E 3rd Avenue
Selah, WA 98942
(509) 902-6062

01/17/2023 3:39 PM

I agree to pay above total amount according to card issuer agreement. I have either received counseling or received and declined the offer to be counseled on my prescriptions.

Signature

