Online Claim Submission

Code: FUT

Employer: Futurewei Technologies, Inc.

EmpID: 563514273

EmpName: Chow, Frederick

Submitted: January 27, 2023

Batch: 30068725

Claim Total: \$43.42

Attachments: 4

| Line | Service Date(s) | Туре | Cost | Notes |
|------|--------------------------------------------------------------|------|-----------------------------------------|---------------------------------------|
| 1 | 1/18/2023 | RX | \$10.00 | Provider: Safeway Pharmacy. For whom: |
| | | | | Vianna Tam. co-pay amount |
| 2 | 1/19/2023 RX \$33.42 Provider: Express Scripts Pharmacy. For | | Provider: Express Scripts Pharmacy. For | |
| | | | | whom: Frederick Chow. co-pay amount |

Express Scripts from Cigna.

Invoice

Review your order.

Invoice number:

65-048810373

Plan member:

FREDERICK CHOW

Order process date:

01/19/23



Your payment summary information

| Total amount due | \$ 0.00 |
|----------------------------------|------------|
| Shipping Cost | FREE |
| Payment(s)/adjustment(s) applied | \$ - 33.42 |
| Cost for this package | \$ 33.42 |



Thanks for choosing online access for your prescription paperwork. You'll have access to it for about 120 days at express-scripts.com/messages. You can also view details about your medicine, invoice and refill forms.

| Medication information | What you need to do next | | You pay |
|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| FREDERICK CHOW L-THYROXINE (SYNTHROID) TABS Strength: 88MCG Qty: 90 Rx # 230183546065 NDC # 00074-6594-19 | You have 3 refill(s) before 01/11/2024. Refill after 03/26/2023. Fi simply refill at www.mycigna.com. Or you can call 800.835.3784. | | \$ 20.00 |
| FREDERICK CHOW PRAVASTATIN TABS Strength: 20MG | You have 3 refill(s) before 01/11/2024. Refill after 03/26/2023. F simply refill at www.mycigna.com. Or you can call 800.835.3784. | or fastest refills, | \$ 0.00 |
| FREDERICK CHOW AMILODIPINE BESYLATE TABS Strength: 10MG | You have 3 refill(s) before 01/11/2024. Refill after 03/26/2023. F simply refill at www.mycigna.com. Or you can call 800.835.3784. | or fastest refills, | \$ 13.42 |



800.835.3784

24/7 access to pharmacists who are ready to help you with your medications.



www.mycigna.com

First-time visitors please register.

All items sold by Express Scripts Pharmacy, a Cigna company, are FSA eligible IIAS items.

Payment notes

Amount charged to your debit or credit card: \$ 33.42.





#0993

3902 WASHINGTON BLVD FREMONT, CA 94538 (510) 490-6695

Felle

Counsel Pickup: Today

REFILL

Phone: (510) 796-1017

Fill Date: 01/18/2023

Refills 9 By 07/05/2023

64

Rx #:6537595

Tam, Via

TAM, Vianna

41070 Rosewalk Ct Fremont, CA 94539

OU, JUDY MD

cycloSPORINE OP 0.05 % EMU APOT NDC:60505-6202-02 Disp. Qty:60

Safety Caps:Yes

This medicine is a(n) white emulsion.

CASH: \$618.99 COPAY: \$10.00

Ins 1: ESI 0002

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

At-Home COVID-19 Tests Available Here

SAFEWAY ()

Store 993 Dir Jason Crawford Main:(510) 657-1625 Rx:(510) 490-6695 3902 Washington Blvd. FREMONT CA 94638

PHARMACY

#RX NON-TAX ITEM

10.00

TAX **** BALANCE

0.00

Credit Purchase 01/19/23 13:06

CARD # *********2670

REF: 010610426700 RUTH: 0006721S

PAYMENT AMOUNT

10.00

AL Mastercard AID A0000000041010 TVR 8000008000 TSI 6800

> Mastercard CHANGE

0.00

TOTAL NUMBER OF ITEMS SOLD = 01/19/23 13:06 993 28 37 9595

POINTS EARNED TODAY Base Points 10

Base Points 10 Total 10

Points Towards Next Reward 10 of 100

YOUR CASHIER TODAY WAS ETHLYN

HOW WAS YOUR PHARMACY EXPERIENCE?
WE VALUE YOUR FEEDBACK!
SCAN THE QR CODE BELOW FOR A 2 MINUTE SURVEY



00099302800372301191306 Thank you for shopping Safeway!

For SAFEWAY FOR U questions call 877-276-9637 or Safeway.com/foru

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Invoice

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65-048810373

Plan member:

FREDERICK CHOW

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