

Online Claim Submission

Code: SWB
Employer: WA State SEBB
EmpID: 533703296
EmpName: Smith, Margo
Submitted: February 10, 2023
Batch: 30283497
Claim Total: \$22.15
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/1/2023	RX	\$22.15	Provider: Fred Meyer. For whom: Margo Smith.

Patient Pay Amount: \$22.15
2 of 4 Items in Order

Action Items:

Auto Refill:
Declined
Auto Notify:
Email: Enrolled
Text: Not Enrolled
Voice: Enrolled

Precautions:

MAY CAUSE DROWSINESS.
ALCOHOL AND MARIJUANA MAY
INTENSIFY THIS EFFECT. USE
CARE WHEN OPERATING A
VEHICLE, VESSEL (E.G., BOAT), OR
MACHINERY.

MAY CAUSE DIZZINESS

OBTAIN MEDICAL ADVICE BEFORE
TAKING NON-PRESCRIPTION
DRUGS AS SOME MAY AFFECT
THE ACTION OF THIS MEDICATION.

POS #



FRED MEYER PHARMACY 70100657
400 S THOR ST SPOKANE, WA 99202
PHONE: (509) 532-4033

MARGO SMITH

STORE: 70100657

NCPDP: 4929204

DATE: 02/01/2023

REFILL

10/02/71

RX# 6472561

TX: S00122419923

DAW: 0

ZOLMITRIPTAN 5 MG TABLET

NDC: 68462-0498-33 QTY: 9 DAYS: 27

NWC - UNIFORM MED

AUTH #: 9646419302011G

J ROCK

SPokane, WA 99224
PHONE: (509) 679-5049

PRESCRIBER:

NPI: 1760976096

RPH: SB

D.E.:

PRICE: \$22.15

4.00 REFILLS OF 9 UNTIL 12/05/2023

INSURANCE BENEFIT SAVED YOU: \$104.84

PRICE: \$22.15

REFILL

PRESCRIBER: J ROCK

TX: S00122419923

NDC: 68462-0498-33

QTY: 9

ZOLMITRIPTAN 5 MG TABLET

MARGO SMITH

400 S THOR ST
SPokane WA 99202
PH: (509) 532-4033 NCPDP: 4929204
DATE: 02/01/2023
FRED MEYER PHARMACY 70100657

DUPLICATE RECEIPT

