

Online Claim Submission

Code: HWC
Employer: Howard County Public School System
EmpID: 214548444
EmpName: GABLE, ANNA
Submitted: February 11, 2023
Batch: 30292355
Claim Total: \$10.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/6/2023	RX	\$10.00	Provider: CVS Caremark. For whom: Charles M Gable.



000003505110840



**CVS Caremark Mail Service
Invoice/Receipt**



811073492

Balance Due Upon Receipt
\$0.00

CHARLES M. GABLE
5304 TIMS CT
ELLCOTT CITY, MD 21043

CVS Caremark
PO Box 659539
San Antonio TX 78265-9539

See reverse side for payment or refund options. Retain the bottom portion of this form for your records.

Summary for order 000003505110840

Date: 02/06/2023

Name / Rx#	Quantity	Days Supply	Drug Name / NDC	Co-Pay Amount
CHARLES M. GABLE				
Rx# 765245106	90 EA	90	Rosuvastatin TAB 20MG NDC 70377000812	\$10.00*

* FSA/HRA eligible health care expenses. Retain Invoice/Receipt for your records.

If you do not want us to automatically ship mail order prescriptions sent to us by your doctor or enrolled in the automatic refill program, call Customer Care at 1-800-282-5366.

Written information about this prescription has been provided to you. Please read this information before you take this medication. If you have any questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions toll-free at 1-800-282-5366.

The Notice of Privacy Practices can be found at the web site on your identification card or by writing to: CVS CAREMARK, PO BOX 52072, PHOENIX, AZ 85072-2072.

Shipping Charge

Total for this Order

\$0.00
\$10.00

Previous Account Balance

Payment Received with this Order

Balance Due Upon Receipt

\$0.00
- \$10.00
\$0.00

A Balance Due may not reflect payments recently mailed separate from this order.