

## Online Claim Submission

Code: CGL  
Employer: City of Garland  
EmpID: 568233424  
EmpName: Hartsock, Sherry  
Submitted: January 18, 2023  
Batch: 29917543  
Claim Total: \$75.00  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/9/2023	RX	\$75.00	Provider: Eagle Pharmacy. For whom: Sherry Hartsock.

# Eagle Pharmacy, LLC

350 Eagles Landing Dr.  
Lakeland, FL 33810  
(863) 213-3718

# Shipping Slip / Invoice

Patient Number: 99807  
Invoice Number: 9958963  
Date: 1/9/2023

## SHIP TO:

3300 TOWNBLUFF PL  
PLANO, TX 75023-8015

**New Balance: \$0.00**

Page 1 of 1

Rx / Item Number	Product Description	Number of Units	Unit of Measure	Total Price
3024713	SYNTHROID TAB 88MCG	90.000	EA	\$75.00

## Comments:

For general questions please contact us at (863) 213-3718.  
For questions about your prescription medication or to speak with a pharmacist please call (855) 748-2663.  
To view your prescription history, or to order your next refill, visit [www.eaglepharmacy.com](http://www.eaglepharmacy.com)  
To learn more about products and services provided by Eagle Pharmacy visit [www.eaglepatientdirect.com](http://www.eaglepatientdirect.com)

Please note that Federal law prohibits the return of prescription medications once they have been dispensed. Please check your order carefully upon receipt. Any discrepancies must be reported within 14 days. Amounts shown reflect this shipment only.

Orders processed without the use of insurance may not be submitted for reimbursement to any state or federally funded programs such as Medicare or Medicaid, and are not eligible to be applied to Medicare Part D true out of pocket (TROOP).

## Documents included in shipment:

1. ShippingSlip\_1
2. Eagle Pharmacy Privacy Practices-2021-06
3. Texas Board of Pharmacy Consumer Notice-2022-11
4. Texas Patient Notification Requirement-2020-11
5. SYNTHROID TAB 88MCG - Patient Education

Previous Balance	Charges	Payments/Credits	New Balance
\$0.00	\$75.00	\$75.00	\$0.00

Amount Paid
\$

Patient Number: 99807  
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5980721

Payments can be made by contacting Eagle Pharmacy at  
(855) 748-2663

Eagle Pharmacy, LLC  
P.O. Box 90937  
Lakeland, FL 33804

If the previous account balance has been paid, please disregard.  
If this invoice shows a balance due, please remit payment IMMEDIATELY.  
When making a payment please include patient number and invoice number.

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