

## Online Claim Submission

Code: FV9  
Employer: Five9, Inc.  
EmpID: 136748675  
EmpName: Carter, Bill  
Submitted: January 18, 2023  
Batch: 29925461  
Claim Total: \$38.59  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/1/2022	RX	\$38.59	Provider: Walgreens. For whom: Graham Carter.

# Walgreens

#19579 25 ROUTE 31 SOUTH STE T  
PENNINGTON, NJ 08534  
609-737-0900

802 4551 0042 05/25/2022 9:54 AM

CHARITABLE DONATION	0.33
41000002199	6.07
FSA RX 0184934	10.00
FSA RX 0184892	10.00
FSA RX 0184890	7.60
FSA RX 0184721	
TOTAL	34.00
MASTERCARD ACCT 9527	34.00
AUTH CODE	60435Z
CHANGE	.00

TOTAL FSA ITEMS	0.00
TOTAL RX ITEMS	33.67
TOTAL FSA AND RX ITEMS	33.67
APPROVED FSA/HRA AMOUNT	0.00

THANK YOU FOR SHOPPING AT WALGREENS

REDEEM \$3 WALGREENS CASH REWARDS ON YOUR  
NEXT PURCHASE! WALGREENS CASH REWARDS  
CANNOT BE REDEEMED ON SOME ITEMS. FOR  
FULL DETAILS SEE MYWALGREENS.COM

RFN# 1957-9424-5517-2205-2503



\*\*\*\*\*

are unhappy with your  
wide stores for an exchange  
items will be exchanged or  
ill be issued in the original

Your satisfaction is very important to us. If you are unhappy with your  
purchase, you may return it to any of our stores.

**GRAHAM CARTER**  
123 E Delaware Ave, Pennington, NJ 08534  
(732)266-2087

**RX # 0187013-19579**

DATE: 06/07/22

**ONDANSETRON 4MG TABLETS**

QTY: 8 NO REFILLS

New-E NDC: 65862-0187-30

Retail Price: \$35.59 Your Insurance Saved You: \$34.24

**\$ 1.35**

V. MONDESTIN, MD  
MFG: AUROBINDO  
XXX/KAD/KAD/ /KAD

PLAN: AETNA  
GROUP# 84723501200001  
CLAIM REF# 221583556935845999

**Walgreens**

WALGREENS 19579, 25 ROUTE 31 S, STE T PENNINGTON  
PH: (609)737-0900

Customer  
receipt

Pharmacy use only

TUE 12:22PM  
New-E

ONDANSETRON 4MG TABLETS  
65862-0187-30  
ALPHA

**GRAHAM CARTER**

123 E Delaware Ave, Pennington, NJ 08534  
(732)266-2087

**RX # 0187014-19579**

DATE: 06/07/22

**IBUPROFEN 400MG TABLETS**

QTY: 60 NO REFILLS

New-E NDC: 64380-0809-07

Retail Price: \$16.69 Your Insurance Saved You: \$13.12

**\$ 3.57**

V. MONDESTIN, MD  
MFG: STRIDES  
XXX/KAD/KAD/ /KAD

PLAN: AETNA  
GROUP# 84723501200001  
CLAIM REF# 221583557369866999

**Walgreens**

WALGREENS 19579, 25 ROUTE 31 S, STE T PENNINGTON  
PH: (609)737-0900

Customer  
receipt

Pharmacy use only

TUE 12:22PM  
New-E

IBUPROFEN 400MG TABLETS  
64380-0809-07  
ALPHA

# Walgreens

#19579 25 ROUTE 31 SOUTH STE T  
PENNINGTON, NJ 08534  
609-737-0900

802 4551 0042 05/25/2022 9:54 AM

CHARITABLE DONATION	0.33
41000002199	6.07
FSA RX 0184934	10.00
FSA RX 0184892	10.00
FSA RX 0184890	7.60
FSA RX 0184721	
TOTAL	34.00
MASTERCARD ACCT 9527	34.00
AUTH CODE	60435Z
CHANGE	.00

TOTAL FSA ITEMS	0.00
TOTAL RX ITEMS	33.67
TOTAL FSA AND RX ITEMS	33.67
APPROVED FSA/HRA AMOUNT	0.00

THANK YOU FOR SHOPPING AT WALGREENS

REDEEM \$3 WALGREENS CASH REWARDS ON YOUR  
NEXT PURCHASE! WALGREENS CASH REWARDS  
CANNOT BE REDEEMED ON SOME ITEMS. FOR  
FULL DETAILS SEE MYWALGREENS.COM

RFN# 1957-9424-5517-2205-2503



\*\*\*\*\*

are unhappy with your  
wide stores for an exchange  
items will be exchanged or  
ill be issued in the original

Your satisfaction is very important to us. If you are unhappy with your  
purchase, you may return it to any of our stores.

## GRAHAM CARTER

123 E Delaware Ave, Pennington, NJ 08534  
(732)266-2087

RX # 0187013-19579

DATE: 06/07/22

### ONDANSETRON 4MG TABLETS

QTY: 8 NO REFILLS

New-E NDC: 65862-0187-30

Retail Price: \$35.59 Your Insurance Saved You: \$34.24

\$ 1.35

V. MONDESTIN, MD  
MFG: AUROBINDO  
XXX/KAD/KAD/ /KAD

PLAN: AETNA  
GROUP# 84723501200001  
CLAIM REF# 221583556935845999

Walgreens

WALGREENS 19579, 25 ROUTE 31 S, STE T PENNINGTON  
PH: (609)737-0900

Customer  
receipt

Pharmacy use only

TUE 12:22PM  
New-E

ONDANSETRON 4MG TABLETS  
65862-0187-30  
ALPHA

## GRAHAM CARTER

123 E Delaware Ave, Pennington, NJ 08534  
(732)266-2087

RX # 0187014-19579

DATE: 06/07/22

### IBUPROFEN 400MG TABLETS

QTY: 60 NO REFILLS

New-E NDC: 64380-0809-07

Retail Price: \$16.69 Your Insurance Saved You: \$13.12

\$ 3.57

V. MONDESTIN, MD  
MFG: STRIDES  
XXX/KAD/KAD/ /KAD

PLAN: AETNA  
GROUP# 84723501200001  
CLAIM REF# 221583557369866999

Walgreens

WALGREENS 19579, 25 ROUTE 31 S, STE T PENNINGTON  
PH: (609)737-0900

Customer  
receipt

Pharmacy use only

TUE 12:22PM  
New-E

IBUPROFEN 400MG TABLETS  
64380-0809-07  
ALPHA