Online Claim Submission

Code: CCA

Employer: Fred Hutchinson Cancer Center fka SC

EmpID: 531985642

EmpName: Cary, Jeffrey

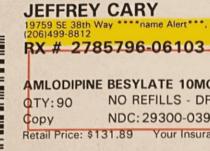
Submitted: February 5, 2023

Batch: 30189945

Claim Total: \$90.00

Attachments: 1

Line	Service Date(s)	Туре	Cost	Notes
1	2/1/2023	RX	\$90.00	Provider: Walgreens. For whom: self.



*name Alert***, Camas, WA 986078851

DATE: 02/01/23

AMLODIPINE BESYLATE 10MG TABLETS

NO REFILLS - DR. AUTH REQUIRED

NDC: 29300-0398-10

Retail Price: \$131.89 Your Insurance Saved You: \$101.89

30.00

PBR: K. ELGHONEMY MFG:UNICHEM SSS/TRK/TRK/TRK/TRK

PLAN: PAID GROUP# BCWAPDP CLAIM REF# 083161761031113101

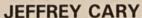
Walareens

Customer receipt

THERE

1905 SE 164TH AVE VANCOUVER, WA 98683

PH: (360)885-2938



19759 SE 38th Way (206)499-8812 **name Alert***, Camas, WA 986078851

RX # 2785797-06103

DATE: 02/01/23

PANTOPRAZOLE 40MG TABLETS

3 REFILLS BEFORE 05/05/23 OTY: 180

NDC: 65862-0560-90 Copy

Retail Price: \$497.79 Your Insurance Saved You: \$467.79

30.00

PBR: K. ELGHONEMY MFG: AUROBINDO JTD/TRK/TRK/TRK/TRK PLAN: PAID GROUP# BCWAPDP CLAIM REF# 455612640231113101

1905 SE 164TH AVE VANCOUVER, WA 98683

PH: (360)885-2938

Customer receipt

JEFFREY CARY

19759 SE 38th Way (206)499-8812 "name Alert " ", Camas, WA 986078851

RX # 2785795-06103

DATE: 02/01/23

LOSARTAN 100MG TABLETS

NO REFILLS - DR. AUTH REQUIRED QTY:90

NDC: 43547-0362-11 Copy

Retail Price: \$178.99 Your Insurance Saved You: \$148.99

30.00

PBR: K. ELGHONEMY MFG:SOLCO SSS/ASS/ASS/TRK/TRK

PLAN: PAID GROUP# BCWAPDP CLAIM REF# 328621031921113101

areens

1905 SE 164TH AVE VANCOUVER, WA 98683

PH: (360)885-2938 -

Customer receipt

HERE

