

Online Claim Submission

Code: SWA
Employer: WA State PEBB
EmpID: 220721240
EmpName: BRYAN, JAMES
Submitted: January 17, 2023
Batch: 29910260
Claim Total: \$1.60
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/13/2023	RX	\$1.60	Provider: Fred meyer pharmacy. For whom: James bryan.

3IN- 324

JAMES H BRYAN
DOB: 04/10/1965

4901 DELTA LN SE
TUMWATER, WA 98501
PH: (509) 989-0874

Fred Meyer
Pharmacy

FRED MEYER PHARMACY
70100659

555 TROSPER RD SW
TUMWATER, WA 98512
PH: (360) 753-7933
NCPDP: 4929278

RX#: 6668201 *New Rx* DATE: 01/13/2023

NEOMYC-POLYM-DEXAMET EYE OINTM

GENERIC FOR: MAXITROL EYE OINTMENT

NDC: 61314-0631-36

APPLY TO EYES FOUR TIMES A DAY *WILL BLUR VISION*

QTY: 3.5 DAYS SUPPLY: 7

DAW: 0 NO REFILLS REMAINING

PRESCRIBER:
T BURRELL
NPI: 1013936574

BILL TO: NWC - UNIFORM MEDICAL
PRICE: \$1.60

YOUR INSURANCE BENEFIT SAVED YOU: \$42.39
Prescription qualifies for points. Check register receipt.

RX# 6668201

01/13/2023

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01/13/2023

Signature not required by
Insurance

HIPAA Acknowledgement
on file