

## Online Claim Submission

Code: IY3  
Employer: City of Moraine  
EmpID: 292480681  
EmpName: Bryant, Kendra  
Submitted: January 17, 2023  
Batch: 29910564  
Claim Total: \$1.46  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	12/22/2022	RX	\$1.46	Provider: Kroger Pharmacy. For whom: Herb Bryant.

KROGER PHARMACY 01400829  
1700 W PARK SQUARE XENIA, OH 45385  
PHONE: (937) 376-5534 STORE: 01400829  
**HERBERT BRYANT**

*PH13* DATE: 12/22/2022  
NCPDP: 3660518  
12/14/60 **NEW**

**RX# 6837646** TX: 0001984262 DAW: 0  
PAXLOVID 150-100 MG PK (EUA) RENAL

NDC: 00069-1101-20 QTY: 20 DAYS: 5  
ANTHEM BCBS-AC AUTH # : 223562934930415

NO REFILLS REMAINING

**PRICE: \$1.46**

YOUR INSURANCE BENEFIT SAVED YOU: \$4.53

10305 GRAND VISTA DR.  
CENTERVILLE, OH 45458  
PHONE: (937) 885-2809  
PRESCRIBER:  
**L HALL**  
NPI: 1134853401

RPH: JP  
D.E. : JP

DUPLICATE RECEIPT

*PH13* KROGER PHARMACY 01400829  
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