

## Online Claim Submission

Code: MRV

Employer: Marvell Semiconductor, Inc.

EmplID: 137607700

EmpName: Arthur, Edward

Submitted: February 10, 2023

Batch: 30280935

Claim Total: \$12.93

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/29/2023	RX	\$6.51	Provider: CVS Pharmacy. For whom: May Arthur.
2	1/29/2023	RX	\$6.42	Provider: CVS Pharmacy. For whom: Edward Arthur.

Promised: 1/27/23, 10:00 PM

# Scripts: 11

ReadyFill™

AR

152

  
27 2222496 004 000 00 0000642

Arthur, Edward

95 Bay Road, North Falmouth, MA 02556

DOB: 9/63

TEL: (508) 333-0000

Promised: 1/27/23, 10:00 PM

# Scripts: 11

ReadyFill™

AR

147

  
27 2152329 009 001 00 0000651

Arthur, May

95 Bay Road, North Falmouth, MA 02556

DOB: 7/64

TEL: (508) 277-3225

Prescription Information

www.cvs.com/druginfo

MORNING

MIDDAY

EVENING

BEDTIME

1  
TABLET

**IC ROSUVASTATIN  
CALCIUM 20 MG TAB**  
Common brand(s): Crestor, Ezallor Sprinkle

Take 1 tablet by mouth every day for 90 days

**Important Information**

- Do not take aluminum or magnesium antacids within 2 hrs of taking this drug.
- CVS ReadyFill prescription. We'll notify you when the next refill is ready.

**▲ PHARMACY ADVICE▲**  
See back for more information

Prescription Information

www.cvs.com/druginfo

MORNING

MIDDAY

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BEDTIME

SEE DIRECTIONS

**IC ANASTROZOLE 1 MG  
TABLET**  
Common brand(s): Arimidex

Take 1 tablet (1 mg total) by mouth 1 (one) time each day swallow whole with a drink of water.

**Important Information**

- Do not use if pregnant or suspect you are pregnant or are breast feeding.
- This medication may cause dizziness.
- Drug may impair ability to operate a vehicle, vessel or machine. Use care.
- Pregnant women should avoid contact with this medication.
- CVS ReadyFill prescription. We'll notify you when the next refill is ready.

**▲ PHARMACY ADVICE▲**  
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Receipt & Refill Information

CVS Pharmacy

105 Davis Straits  
Falmouth, MA 02540

STORE#: 0594

**IC ROSUVASTATIN  
CALCIUM 20 MG TAB**

STORE TEL: (508) 540-4307

RX: 2222496 04

RF

**NDC: 70377-0008-12** **DAW: 0**  
**QTY: 30 EA**

**CAP: Safety** **MFR PKG: Yes**

REFILL: 1 by 9/8/23  
MFR: BIOCON PHARMA I  
PRSCBR: Mallory Hatfield  
DAYS SUPPLY: 30  
DATE FILLED: 1/26/23

AMOUNT DUE: \$6.42

**INSURANCE INFORMATION:**  
ANTHEM PCN WG  
TP: 37825 GR: WLHA AUTH#: 230267852411481999

RETAIL PRICE: \$143.99

Receipt & Refill Information

CVS Pharmacy

105 Davis Straits  
Falmouth, MA 02540

STORE#: 0594

**IC ANASTROZOLE 1 MG  
TABLET**

STORE TEL: (508) 540-4307

RX: 2152329 09

RF

**NDC: 68382-0209-06** **DAW: 0**  
**QTY: 30 EA**

**CAP: Safety** **MFR PKG: Yes**

REFILL: 2 by 5/16/23  
MFR: ZYDUS PHARMACEU  
PRSCBR: Kimberly Draper  
DAYS SUPPLY: 30  
DATE FILLED: 1/26/23

AMOUNT DUE: \$6.51

**INSURANCE INFORMATION:**  
ANTHEM PCN WG  
TP: 37825 GR: WLHA AUTH#: 230267852475498998

The dispensed quantity/days supply was adjusted to comply with insurance coverage.

RETAIL PRICE: \$181.99

Notes from the Pharmacy

THANK YOU. OPEN 24 HOURS 7 DAYS A WEEK

ExtraCare Card balances as of 01/22

Year to Date Savings 11.32

Fill 10 prescriptions Get \$5EB Pharmacy and Health ExtraBucks

Quantity Toward this Reward 5

\*\*\*\*\*

FLEXIBLE SPENDING ACCT SUMMARY (FSA)

Prescription Eligible Total 12.93

\*\*\*\*\*

FSA summary above includes items (and tax) that may be eligible for plan reimbursement. Restrictions may apply.

\*\*\*\*\*

3500 5943 0291 3711 90

State law may prohibit the return of prescriptions. Please consult your pharmacist.

Refunds with receipt, subject to CVS Return Policy, thru 03/30/2023

Refund amount is based on price after all coupons and discounts.

JANUARY 29, 2023 11:14 AM

Notes from the Pharmacy

CVS pharmacy

105 DAVIS STRAITS  
FALMOUTH, MA 02540  
508.540.4307

REG#19 TRN#1371 CSHR#2181128 STR#594

Helped by: SAMANTHA

ExtraCare Card #: \*\*\*\*\*7675

F1 RX #: \*\*\*\*\*4960040 6.42N

F1 RX #: \*\*\*\*\*3290090 6.51N

2 ITEMS


TOTAL 12.93

MSTEXRCD \*\*\*\*\*3115

APPROVED# 00982T

CHANGE 00

OPEN HERE





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**QTY: 30 EA**

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MFR: ZYDUS PHARMACEU  
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