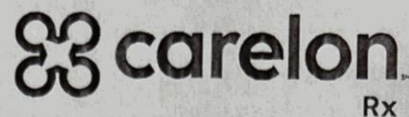


## Online Claim Submission

Code: DDR  
Employer: ADDEPAR  
EmplID: 21743  
EmpName: Thomford, Mark  
Submitted: February 11, 2023  
Batch: 30284156  
Claim Total: \$15.00  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/24/2023	RX	\$15.00	Provider: CarelonRX. For whom: Mark. Xtandi prescription fill

CarelonRx Specialty Pharmacy  
P. O. Box 007293  
CHICAGO IL 60674



Pharmacy DEA# FC0275304  
NABP# 3137141  
Fed Tax Id# 953382344

MARK THOMFORD  
97 WASHINGTON POST DR  
WILTON CT 06897

Date 01/25/2023  
Patient MARK THOMFORD  
Patient # 8461715

Credit Card Receipt - This Is Not A Bill

Credit Card Account		Cardholder	Authorization				
MASTERCARD	XXXXXXXXXXXX8000	MARK THOMFORD	110073				
Transaction Date/Time: 01/24/2023 02:02 AM							
Rx/Refill	Item	Form Strength NDC Number	Dispense Date	Disp Qty	Days Supply	DAW	Amount
16879563 3	XTANDI	CAP 40MG 00469-0125-99	01/23/2023	120	30	0	15.00
Rph ICA	Physician PAUL WEINSTEIN	License No 15724		Claim Ref#	23023298676343		

Page 1 of 1 Amount Billed To MASTERCARD 15.00

PHONE ORDER - SIGNATURE ON FILE

Verbal agreement to pay above amount according to card issuer agreement.  
(Merchant agreement if Credit Voucher).

This is your credit card receipt for medications recently obtained from  
CarelonRx Specialty Pharmacy  
Please call 1-833-255-0645 if you have any questions regarding this receipt.

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