

Online Claim Submission

Code: TAO
Employer: Tasso, Inc.
EmpID: 322887315
EmpName: Massie, Brian
Submitted: January 29, 2023
Batch: 30084979
Claim Total: \$25.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/20/2023	RX	\$25.00	Provider: Express Scripts Pharmacy from Cigna. For whom: Self. GUANFACINE HCL ER TABS



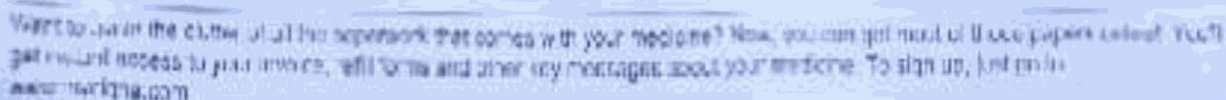
Review your order.



Invoice number:	87 063145670
Order number:	000000920866
Plan number:	SPAIN 00567
Order process date:	01/02/2010

Your personal information is collected:

Cost of the package	\$40.00
Payment (in full) of \$40.00	\$ 40.00
Refund	None
Total amount due	\$ 0.00



Medications information

BRIAN KRASSIE
MANN-ROSE HILL FRTAPR
DOWNS TOWN - QUC R.
IN # 706277 DOST 1 DC# 20991 0821 01

What you need to do next

You have 2 months before 01/13/2024. Email after 05/24/2023. For fastest reply, email med1@wpi.med.nyu.com. Or call (609) 225-3740.

Yes: 67%

5.750

[illegible]

Sind Ihre Ziele auch klar definiert?

Payment notes

Amount charged to your credit or debit card: \$ 25.00

All correspondence should be sent to Dr. S. A. M. van der Wal, Department of Pathology, University Hospital Groningen, P.O. Box 30.001, 9700 RB Groningen, The Netherlands.

[illegible]