

Online Claim Submission

Code: BUR

Employer: Burns & McDonnell

EmpID: 329503341

EmpName: Gonzalez, Joan

Submitted: February 11, 2023

Batch: 30292116

Claim Total: \$6.07

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/9/2023	RX	\$6.07	Provider: Walgreens. For whom: Joan.



BCSSC *3459029 0201 307 4*

JOAN GONZALEZ

931 Home Ave

Oak Park, IL 60304

(708)383-7902

• Autofill not allowed by Plan-Contact us for refill
• Your Insurance Saved You: \$16.52

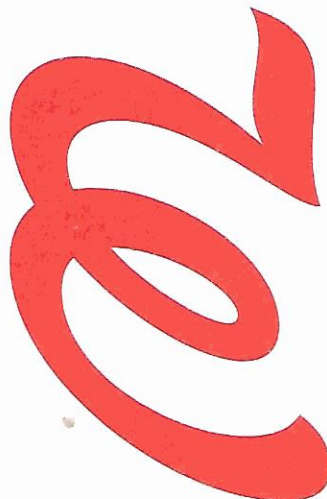
FRI 9:00AM

\$6.07

02/09/23

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839986 #DIM



Here for you
and all your
pharmacy needs
Details about your medication inside



For easy refills, vaccine scheduling
and more ways to stay well,
scan to download our app.

Data rates may apply.

pregnant. You will need to talk about the benefits and risks of using
this drug while you are pregnant.

**POSSIBLE SIDE EFFECTS: WHAT ARE SOME SIDE EFFECTS THAT
I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?**

WARNING/CAUTION: Even though it may be rare, some people may
have very bad and sometimes deadly side effects when taking a drug.
Tell your doctor or get medical help right away if you have any of
the following signs or symptoms that may be related to a very bad
side effect: Signs of an allergic reaction, like rash; hives; itching;
red, swollen, blistered, or peeling skin with or without fever;
wheezing; tightness in the chest or throat; trouble breathing;
swallowing, or talking; unusual hoarseness; or swelling of the mouth,
face, lips, tongue, or throat. Signs of fluid and electrolyte problems

Keep out of reach of children: Store in safety container or secure area.

JOAN GONZALEZ

931 Home Ave, Oak Park, IL 60304
(708)383-7902

RX # 3459029-11760

DATE: 02/09/23

CHLORTHALIDONE 25MG TABLETS

QTY: 15 NO REFILLS - DR. AUTH REQUIRED

Copy NDC: 65162-0247-09

Retail Price: \$22.59 Your Insurance Saved You: \$16.52

\$ 6.07

PBR: S. LAGEDROST
MFG: AMNEAL
JAK/NXS/NXS/ /DAJ

PLAN: BCSSC
GROUP# BXMN
CLAIM REF# 230404232682017998

Walgreens

811 WEST MADISON ST OAK PARK, IL 60302

PH: (708)383-9009

Customer
receipt

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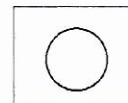
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receipt

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FRI 9:00AM
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CHLORTHALIDONE 25MG TABLETS
65162-0247-09
FAST RACK

QTY 15
10 DRAM



YELLOW
FRONT: AN 247

JAK/NXS/NXS/ /DAJ



BCSSC *3459029 0201 307 4*

JOAN GONZALEZ

931 Home Ave

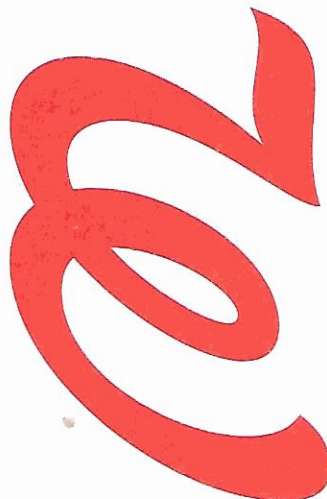
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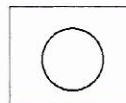
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