

## Online Claim Submission

Code: IY3  
Employer: City of Moraine  
EmpID: 292480681  
EmpName: Bryant, Kendra  
Submitted: January 17, 2023  
Batch: 29910536  
Claim Total: \$60.00  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	12/1/2022	RX	\$60.00	Provider: Ingenio. For whom: Herb Bryant.



**ingenioRx**

**Mail Service  
Invoice/Receipt**

*P1708*



000003865913730902



680224726

**Balance Due Upon Receipt**  
**\$0.00**

HERBERT T. BRYANT JR  
3460 NAPANEE DRIVE  
BEAVER CREEK, OH 45430



IngenioRx Home Delivery  
PO Box 659539  
San Antonio TX 78265-9539

See reverse side for payment or refund options. Retain the bottom portion of this form for your records.

**Summary for order** 000003865913730

**Date:** 12/01/2022

Name / Rx#	Quantity	Days Supply	Drug Name / NDC	Co-Pay Amount
HERBERT T. BRYANT JR Rx# 150360086	6 PKG	90	Contour Next TES STRIPS NDC 00193731221	\$60.00*

This prescription is signed up for automatic refills. We will mail your refills and contact your doctor for a new prescription when needed.

\* FSA/HRA eligible health care expenses. Retain Invoice/Receipt for your records.

Written information about this prescription has been provided to you. Please read this information before you take this medication. If you have any questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions toll-free at 1-833-236-6196.

The Notice of Privacy Practices can be found at the web site on your identification card or by writing to: IngenioRx Home Delivery, PO BOX 52072, PHOENIX, AZ 85072-2072.

Shipping Charge	\$0.00
<b>Total for this Order</b>	<b>\$60.00</b>
<b>Previous Account Balance</b>	<b>\$0.00</b>
<b>Payment Received with this Order</b>	<b>- \$60.00</b>
<b>Balance Due Upon Receipt</b>	<b>\$0.00</b>

A Balance Due may not reflect payments recently mailed separate from this order.

Services provided by IngenioRx, Inc. In TX, services provided by Ingenio, Inc.

This document may contain references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with us.

Page 1



**ingenio<sup>Rx</sup>**

**Mail Service  
Invoice/Receipt**

71708



000003865913730902

**Balance Due Upon Receipt**  
**\$0.00**



680224726

HERBERT T. BRYANT JR  
3460 NAPANEE DRIVE  
BEAVER CREEK, OH 45430



IngenioRx Home Delivery  
PO Box 659539  
San Antonio TX 78265-9539

See reverse side for payment or refund options. Retain the bottom portion of this form for your records.

**Summary for order** 000003865913730

**Date:** 12/01/2022

Name / Rx#	Quantity	Days Supply	Drug Name / NDC	Co-Pay Amount
HERBERT T. BRYANT JR Rx# 150360086	6 PKG	90	Contour Next TES STRIPS NDC 00193731221	\$60.00*

This prescription is signed up for automatic refills. We will mail your refills and contact your doctor for a new prescription when needed.

\* FSA/HRA eligible health care expenses. Retain Invoice/Receipt for your records.

Written information about this prescription has been provided to you. Please read this information before you take this medication. If you have any questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions toll-free at 1-833-236-6196.

The Notice of Privacy Practices can be found at the web site on your identification card or by writing to: IngenioRx Home Delivery, PO BOX 52072, PHOENIX, AZ 85072-2072.

Shipping Charge	\$0.00
<b>Total for this Order</b>	<b>\$60.00</b>

<b>Previous Account Balance</b>	<b>\$0.00</b>
<b>Payment Received with this Order</b>	<b>- \$60.00</b>
<b>Balance Due Upon Receipt</b>	<b>\$0.00</b>

A Balance Due may not reflect payments recently mailed separate from this order.

Services provided by IngenioRx, Inc. In TX, services provided by Ingenio, Inc.

This document may contain references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with us.