

Online Claim Submission

Code: AHD
Employer: Ada County Highway District
EmpID: 532624158
EmpName: Wasson, John
Submitted: February 10, 2023
Batch: 30283799
Claim Total: \$5.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/18/2023	RX	\$5.00	Provider: Alliance Rx. For whom: Nancy Wasson.



705T26C7F61

P.O. Box 29061, Phoenix, AZ 85038-9061
NABP #: 0320793

www.alliancerxwp.com/home-delivery

It is easy and quick to pay using your credit card either online at www.alliancerxwp.com/home-delivery or by calling our automated telephone system 1-888-832-5462. Those who are deaf or hard of hearing can call (TTY) 1-800-573-1833.

Ship to: NANCY L WASSON
1301 N ORCHARD ST STE 200
BOISE, ID 83706-2209

Account Balance: \$0.00
Invoice Number: T26C7F61
Shipment Date: 1/18/2023
Member ID: *****7424

Prescription Items

Rx Number	Item Description	Quantity				Amount
8466341-03397	VALACYCLOVIR TGM TABLETS AUROBINDO 65862-0449-90	20				5.00

THANK YOU FOR YOUR PROMPT PAYMENT.
All credit card charges are pending authorization.

Current Order:	5.00
Less Amount Received:	5.00
Previous Balance:	0.00
Amount Due:	0.00

- Please make us aware if you have any updates regarding your drug allergies or health conditions by calling our customer service number or updating your profile online.
- Please contact our Customer Care Center at the phone number on your prescription label if you are in urgent need of any future orders to avoid a gap in medication therapy or have questions on order status/delays.