

## Online Claim Submission

Code: PRK  
Employer: Perkins Coie LLP  
EmpID: 063428247  
EmpName: Kirmayer, Matt  
Submitted: January 23, 2023  
Batch: 29991292  
Claim Total: \$30.00  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/20/2023	RX	\$30.00	Provider: Dr Chui. For whom: Ellen. Eye Drops

Promised: 1/20/23, 3:11 PM  
# Scripts: 01



82



27 1095674 000 001 00 0001500

Kirmayer, Ellen V

72 Cone Yolanda, Moraga, CA 945560000  
DOB: 11/55 TEL: (925) 640-3647

### Prescription Information

MORNING	MIDDAY	EVENING	BEDTIME
SEE DIRECTIONS			

**PREDNISOLONE AC 1% EYE DROP**  
Generic for: Pred Forte

Apply 1 drop to operated eye 4 times a day x 30 days. Shake well.

**Important Information**

- Shake well before using.
- This medication is for the eye only.
- If using other eye meds, wait at least 5 min. Before applying.
- Date opened \_\_\_\_\_
- Store container in an upright position after opening.

**Important Information**

- This medication is for the eye only.
- If using other eye meds, wait at least 5 min. Before applying.
- Date opened \_\_\_\_\_
- Save time with ReadyFill and we'll have your refills ready for you. Ask about enrolling today!

See back for more information

### Receipt & Refill Information

<b>CVS Pharmacy</b> 3625 Mt Diablo Blvd Lafayette, CA 94549	STORE#: 9938
STORE TEL: (925) 284-7121	
RX: 1095674 00	
INSURANCE INFORMATION: EXPRESS SCRIPTS TP 7415 GR HMO/COE AUTH# 37ED5417332181101	
RETAIL PRICE: \$65.99	

**PREDNISOLONE AC 1% EYE DROP**

NDC: 60758-0119-05 DAW: 0  
QTY: 10 ML

CAP: Safety MFR PKG: Yes

REFILL: 1 by 1/20/24  
MFR: PACIFIC/GREENST  
PRCSR: Cynthia Chiu  
DAYS SUPPLY: 30  
DATE FILLED: 1/20/23

AMOUNT DUE: \$15.00

### Notes from the Pharmacy

CVS pharmacy

OPEN HERE

Promised: 1/20/23, 3:31 PM  
# Scripts: 01



82



27 1095675 000 001 00 0001500

Kirmayer, Ellen V

72 Cone Yolanda, Moraga, CA 945560000  
DOB: 11/55 TEL: (925) 640-3647

### Prescription Information

MORNING	MIDDAY	EVENING	BEDTIME
1 DROP			

**KETOROLAC 0.5% OPTH SOLUTION**  
Generic for: Acular

Apply 1 drop to operated eye 4 times a day x 30 days

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RX: 1095675 00	
INSURANCE INFORMATION: EXPRESS SCRIPTS TP 7415 GR HMO/COE AUTH# 08083709727801101	
RETAIL PRICE: \$199.99	

**KETOROLAC 0.5% OPTH SOLUTION**

NDC: 47335-0220-90 DAW: 0  
QTY: 10 ML

CAP: Safety MFR PKG: Yes

REFILL: 1 by 1/20/24  
MFR: SUN PHARMA GLOB  
PRCSR: Cynthia Chiu  
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\* PHARMACY ADVICE  
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