

Online Claim Submission

Code: KDH
Employer: Kaweah Delta Healthcare
EmplID: 552617368
EmpName: Roeben, Debbie
Submitted: January 23, 2023
Batch: 29990238
Claim Total: \$40.78
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	10/18/2022	RX	\$40.78	Provider: CVS Pharmacy. For whom: Brent Roeben.

Promised: 10/18/22, 2:48 PM
Scripts: 01

RO 34



Roeben, Brent

1708 South Church St. Visalia, CA
DOB: 3/63 TEL: (559) 303-6451

Counsel New Drug

Prescription Information



ALBUTEROL HFA (PROVENTIL) INH

Generic for: Proventil HFA

Take 2 inhalation inhalation every 4 hours as needed for cough

Important Information

- Shake well before using.
- See instructions for priming this product.
- For multiple puff doses or inhalers, wait 1 min. Between puffs.
- This medication may cause dizziness.
- Drug may impair ability to operate a vehicle, vessel or machine. Use care.

See back for more information

Receipt & Refill Information

CVS Pharmacy

STORE#: 9958

5090 Foothills Blvd
Roseville, CA 95747

STORE TEL: (916) 783-1355

RX: 745777 00

INSURANCE INFORMATION:

MEDIMPACT PCN ASPROD1
TP: 32495 GR: PH01 AUTH: 8271872571

RETAIL PRICE: \$49.99

ALBUTEROL HFA (PROVENTIL) INH

NDC: 69097-0142-60 DAW: 0
QTY: 6.7 GM

CAP: Safety MFR PKG: Yes

REFILL: 0 Refills
MFR: CIPLA USA, INC.
PRSCBR: Jaimie Malone
DAYS SUPPLY: 18
DATE FILLED: 10/17/22

AMOUNT DUE: \$20.00

Notes from the Pharmacy

CVS pharmacy

OPEN
HERE

Promised: 10/18/22, 2:48 PM
Scripts: 01

RO 34



Roeben, Brent

1708 South Church St. Visalia, CA
DOB: 3/63 TEL: (559) 303-6451

Counsel New Drug

Prescription Information



AZITHROMYCIN 250 MG TABLET

Generic for: Zithromax

Take 2 tablet by mouth daily for 5 days take 2 tablets on day 1, then 1 tablet daily on days 2-5

Important Information

- If this drug upsets your stomach take with crackers, bread or small meal.
- Do not take aluminum or magnesium antacids within 2 hrs of taking this drug.
- May cause diarrhea. If persists or becomes severe, notify dr or rph.
- Diarrhea may occur weeks to months after taking drug. Call dr or rph.
- Do not take antacids within 2 hours of taking this medication.

PHARMACY ADVICE
Note: Usually this type of medication should be started as soon as possible. Follow your Prescriber's instructions, or see your Pharmacist for more details.

Receipt & Refill Information

CVS Pharmacy

STORE#: 9958

5090 Foothills Blvd
Roseville, CA 95747

STORE TEL: (916) 783-1355

RX: 745775 00

INSURANCE INFORMATION:

MEDIMPACT PCN ASPROD1
TP: 32495 GR: PH01 AUTH: 8271871093

RETAIL PRICE: \$36.99

AZITHROMYCIN 250 MG TABLET

NDC: 62332-0251-18 DAW: 0
QTY: 6 EA

CAP: Safety MFR PKG: Yes

REFILL: 0 Refills
MFR: ALEMBIC PHARMAC
PRSCBR: Jaimie Malone
DAYS SUPPLY: 5
DATE FILLED: 10/17/22

AMOUNT DUE: \$4.94

Notes from the Pharmacy

CVS pharmacy

OPEN
HERE

Promised: 10/18/22, 2:48 PM
Scripts: 01

RO

34



27 0745776 000 000 00 0000901

Roeben, Brent

Counsel New Drug

1708 South Church St, Visalia, CA
DOB: 3/63 TEL: (559) 303-6451

Prescription Information



PROMETHAZINE-DM 6.25-15 MG/5ML

Take 5 mL by mouth every 4-6 hours for 5 days as needed for cough

Important Information

- May cause drowsiness. Use care when operating a vehicle, vessel or machine.
- This medication may cause dizziness.
- Avoid prolonged exposure to direct and/or artificial sunlight.
- May cause blurred vision.
- Date opened _____

See back for more information

Receipt & Refill Information

CVS Pharmacy

STORE#: 9958

5090 Foothills Blvd
Roseville, CA 95747

STORE TEL: (916) 783-1355

RX: 745776 00

INSURANCE INFORMATION:

MEDIMPACT PCN ASPROD1

TP: 32495 GR: PH01 AUTH: 8271872097

RETAIL PRICE: \$11.99

PROMETHAZINE-DM 6.25-15 MG/5ML

NDC: 65162-0680-90 DAW: 0
QTY: 118 ML

CAP: Safety MFR PKG: Yes

REFILL: 0 Refills
MFR: AMNEAL PHARMACE
PRSCBR: Jaimie Malone
DAYS SUPPLY: 4
DATE FILLED: 10/17/22

AMOUNT DUE: \$9.01

Notes from the Pharmacy



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CVS pharmacy

OPEN HERE

Promised: 10/18/22, 2:48 PM

Scripts: 01

RO

34



27 0745773 000 000 00 0000583

Roeben, Brent

Counsel New Patient

1708 South Church St, Visalia, CA
DOB: 3/63 TEL: (559) 303-6451

Prescription Information



1 CAPSULE



1 CAPSULE



1 CAPSULE

See back for more information

BENZONATATE 200 MG CAPSULE

Generic for: Tessalon Perle

Take 1 capsule by mouth three times a day for 5 days.

Important Information

- May cause drowsiness. Use care when operating a vehicle, vessel or machine.
- Swallow whole. Do not chew or crush.
- Drug may impair ability to operate a vehicle, vessel or machine. Use care.
- For overdose, seek medical care immediately or call poison control center.
- Warning: keep out of reach of children. Fatal poisoning possible if ingested.

Receipt & Refill Information

CVS Pharmacy

STORE#: 9958

5090 Foothills Blvd
Roseville, CA 95747

STORE TEL: (916) 783-1355

RX: 745773 00

INSURANCE INFORMATION:

MEDIMPACT PCN ASPROD1

TP: 32495 GR: PH01 AUTH: 8271868274

RETAIL PRICE: \$22.89

BENZONATATE 200 MG CAPSULE

NDC: 64380-0713-07 DAW: 0
QTY: 15 EA

CAP: Safety MFR PKG: Yes

REFILL: 0 Refills
MFR: STRIDES PHARMA
PRSCBR: Jaimie Malone
DAYS SUPPLY: 5
DATE FILLED: 10/17/22

AMOUNT DUE: \$6.83

Notes from the Pharmacy



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CVS pharmacy

OPEN HERE