

## Online Claim Submission

Code: ID2

Employer: State of Idaho Department of Admini:

EmpID: 548912484

EmpName: McCormick, Amber

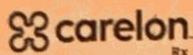
Submitted: January 23, 2023

Batch: 29990077

Claim Total: \$10.00

Attachments: 1

| Line | Service Date(s) | Type | Cost    | Notes  |
|------|-----------------|------|---------|--|
| 1    | 1/11/2023       | RX   | \$10.00 | Provider: Carelon. For whom: Amber McCormick. Sorry - i just submitted a reimbursement request for this for \$20 and see that there was a 2nd prescription for \$10. |



Mail Service  
Invoice/Receipt



000003299445440012

Balance Due Upon Receipt  
\$0.00



876011021

AMBER L. MCCORMICK  
5486 N STAR RIDGE LN  
STAR, ID 83669

CarelonRx Mail  
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 000003299445440

Date: 01/11/2023

| Name / Rx#  | Quantity | Days Supply | Drug Name / NDC                            | Co-Pay Amount                   |
|---|----------|-------------|--|---------------------------------|
| AMBER L. MCCORMICK<br>Rx# 154544502   | 3 PKG    | 84          | Estradiol(c) DIS 0.1/24<br>NDC 00781710454 | \$20.00*                        |
| Your prescriber has authorized generic substitution. Therefore, a generically equivalent medication has been dispensed. |          |             |  |                                 |
| AMBER L. MCCORMICK<br>Rx# 157069544   | 30 EA    | 30          | Synthroid. TAB 0.05MG<br>NDC 00074455290   | \$10.00*                        |
| Your prescriber has authorized generic substitution. At this time, we are using a brand-name medication as the generic. |          |             |  |                                 |
| AMBER L. MCCORMICK<br>Rx# 157069545   | 30 EA    | 30          | Atorvastatin TAB 10MG<br>NDC 00378395077   | \$0.00*                         |
| AMBER L. MCCORMICK<br>Rx# 154544503   | 90 EA    |             | Progesterone CAP 200MG<br>NDC 65162080810  | Processed under separate order. |

\* 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 1-833-419-0529.

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

|                                  |           |
|----------------------------------|-----------|
| Shipping Charge                  | \$0.00    |
| Total for this Order             | \$30.00   |
| Previous Account Balance         | \$0.00    |
| Payment Received with this Order | - \$30.00 |
| Balance Due Upon Receipt         | \$0.00    |

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

Services provided by CarelonRx, Inc.

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Page 1