

## Online Claim Submission

Code: PRJ

Employer: Project Worldwide

EmpID: 225631522

EmpName: Jones, Andrea

Submitted: January 23, 2023

Batch: 29989961

Claim Total: \$40.81

Attachments: 6

Line	Service Date(s)	Type	Cost	Notes
1	1/2/2023	RX	\$12.81	Provider: OptumRx. For whom: Andrea Jones.
2	1/2/2023	RX	\$14.00	Provider: OptumRx. For whom: Andrea Jones.
3	1/2/2023	RX	\$14.00	Provider: OptumRx. For whom: Andrea Jones.

# Claim Details

**AJ    ANDREA JONES**

## Claim information

Fill date : **01/02/2023** Claim number : **230020801410016**

## Drug information

Drug name : **AMLODIPINE TAB 5MG** Rx : **000356491995** Quantity : **90.000**

## Pharmacy

OptumRx  
5627 UNIVERSITY HEIGHTS BOULEVARD  
SAN ANTONIO, TX 78249

## Prescriber

Dr. JESSICA LIAO  
1245 16TH ST STE 309  
SANTA MONICA, CA 90404-1239  
**3103194377**

## Payment information

You paid: **\$12.81** Plan paid : **\$0.00**

Product select amount : **\$0.00** Exceed max amount : **\$0.00** Sales tax : **\$0.00**

**Disclaimer:** Prices on some of your medication(s) may vary based on your doctor's instructions or on the manufacturer's price provided to us at the time you place your order online or at your pharmacy.



## Claim Details

**AJ    ANDREA JONES**

### Claim information

Fill date : **01/02/2023** Claim number : **230020800838042**

### Drug information

Drug name : **METFORMIN TAB 500MG ER** Rx : **000356491997** Quantity : **360.000**

### Pharmacy

OptumRx  
5627 UNIVERSITY HEIGHTS BOULEVARD  
SAN ANTONIO, TX 78249

### Prescriber

Dr. JESSICA LIAO  
1245 16TH ST STE 309  
SANTA MONICA, CA 90404-1239  
[3103194377](#)

### Payment information

You paid: **\$14.00** Plan paid : **\$28.89**

Product select amount : **\$0.00** Exceed max amount : **\$0.00** Sales tax : **\$0.00**

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## Claim Details

**AJ    ANDREA JONES**

### Claim information

Fill date : **01/02/2023** Claim number : **230020801141017**

### Drug information

Drug name : **SPIRONOLACT TAB 50MG** Rx : **000356491998** Quantity : **270.000**

### Pharmacy

OptumRx  
5627 UNIVERSITY HEIGHTS BOULEVARD  
SAN ANTONIO, TX 78249

### Prescriber

Dr. JESSICA LIAO  
1245 16TH ST STE 309  
SANTA MONICA, CA 90404-1239  
[3103194377](#)

### Payment information

You paid: **\$14.00** Plan paid : **\$51.14**

Product select amount : **\$0.00** Exceed max amount : **\$0.00** Sales tax : **\$0.00**

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**3103194377**

## Payment information

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Product select amount : **\$0.00** Exceed max amount : **\$0.00** Sales tax : **\$0.00**

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