

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.

* PHARMACY ADVICE
See back for more information

Receipt & Refill Information

CVS Pharmacy 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
PRSCBR: 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

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!

* PHARMACY ADVICE
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Receipt & Refill Information

CVS Pharmacy 3625 Mt Diablo Blvd Lafayette, CA 94549	STORE#: 9938
STORE TEL: (925) 284-7121 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
PRSCBR: Cynthia Chiu
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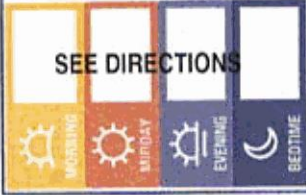


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CVS Pharmacy
3625 Mt Diablo Blvd
Lafayette, CA 94549

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EYE DROP**

STORE#: 9938

STORE TEL: (925) 284-7121
RX: 1095674 00

INSURANCE INFORMATION:
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TP 7415 GR HMO/COE

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REFILL: 1 by 1/20/24
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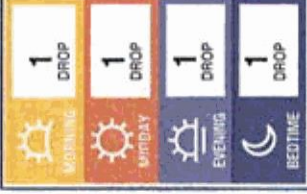


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