Online Claim Submission

Code: KDH

Employer: Kaweah Delta Healthcare

EmpID: 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.



NDC: 69097-0142-60 DAW: 0 QTY: 6.7 GM MFR PKG: Yes CAP: Safety REFILL: O Refills MFR: CIPLA USA, INC. PRSCBR: Jaimie Malone DAYS SUPPLY: 18 DATE FILLED: 10/17/22 AMOUNT DUE: \$20.00

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

Notes from the Pharmacy

STORE TEL: (916) 783-1355

00

AUTHI: 8271872571

RX: 745777

INSURANCE INFORMATION:

MEDIMPACT PON ASPROD1

RETAIL PRICE:\$49.99



Promised: 10/18/22, 2:48 PM 34

Roeben, Brent

Counsel New Drug

Prescription Information



A 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.

RETAIL PRICE:\$36.99

AZITHROMYCIN 250 MG **TABLET**

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.

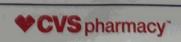
Receipt & Refill Information

CVS Pharmacy STORE#: 9958 AZITHROMYCIN 250 MG 5090 Foothills Blvd Roseville, CA 95747 TABLET STORE TEL: (916) 783-1355 NDC: 62332-0251-18 DAW: 0 RX: 745775 00 OTY 6 FA INSURANCE INFORMATION: MEDIMPACT PCN ASPROD1
TP: 32495 GR: PHIO1 CAP: Safety MFR PKG: Yes AUTH#: 8271871093 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





34

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

Roeben, Brent TEL: (

Counsel New Drug

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

May cause growsiness. Use care when operating a

vehicle, vessel or machine.

This medication may cause dizziness.

Avoid prolonged exposure to direct and/or artificial

- May cause blurred vision.

- Date opened

STORE#: 9958

Receipt & Refill Information

CVS Pharmacy

STORE TEL: (916) 783-1355 RX: 745776 00

INSURANCE INFORMATION:

MEDIMPACT PCN ASPROD1
TP 20466 GR PHIO1

RETAIL PRICE:\$11.99

PROMETHAZINE-DM 6.25-15 MG/5ML

DAW: 0 NDC: 65162-0680-90

OTY: 118 ML

MFR PKG: Yes CAP: Safety

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

Roeben, Brent

Counsel New Patient

Prescription Information



A PHARMACY ADVIC

BENZONATATE 200 MG CAPSULE

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

- 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

STORE#: 9958

CVS Pharmacy

5090 Foothills Blvd Roseville, CA 95747

STORE TEL: (916) 783-1355

RX: 745773

INSURANCE INFORMATION:

RETAIL PRICE: \$22.89

MEDIMPACT PCN ASPROD1

AUTH#: 8271868274

NDC: 64380-0713-07

QTY: 15 EA

CAPSULE

MFR PKG: Yes CAP: Safety

DAW: 0

BENZONATATE 200 MG

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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