Online Claim Submission

Code: KDH

Employer: Kaweah Delta Healthcare

EmpID: 552617368

EmpName: Roeben, Debbie

Submitted: January 23, 2023

Batch: 29990765

Claim Total: \$35.31

Attachments: 5

Line	Service Date(s)	Type	Cost	Notes
1	10/7/2022	RX	\$35.31	Provider: CVS Pharmacy. For whom: Debbie
				Roeben.



Promised: 10/7/22, 4:46 PM



Roeben, Debbie Counsel New Drug

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

Prescription Information



POLYMYXIN B-TMP EYE DROPS

Apply 2 drops 4 times a day as directed for 5 days

- This medication is for the eye only.
- If using other eye meds, wait at least 5 min. Before applying.
- Date opened

nedication should be started a Prescriber's instructions, or se

CVS Pharmacy

Note: Usually this type of

Receipt & Refill Information

STORE#: 9958 5090 Foothills Blvd Roseville, CA 95747 STORE TEL: (916) 783-1355 RX: 744101 00 INSURANCE INFORMATION MEDIMPACT PCN ASPROD1

POLYMYXIN B-TMP EYE DROPS

NDC: 61314-0628-10 DAW: 0 QTY: 10 ML

MFR PKG: Yes CAP: Safety

REFILL: O Refills MFR: SANDOZ PRSCBR: Kerrie North-Calderon DAYS SUPPLY: 5 DATE FILLED: 10/7/22

AMOUNT DUE: \$9.63

Notes from the Pharmacy



RETAIL PRICE:\$22.99

PRIVACY: An important notice related to the privacy of your information is included with this label. Please acknowledge receipt of this notice by signing in store or sign/mail the back of this label to the add ass in the milice.





Promised: 10/7/22, 4:46 PM

Scripts: 01



Roeben, Debbie

1708 South Church St. Visatia, CA DOB: 6/64 TEL: (559) 303-6451 Counsel New Patient

Prescription Information

85



Note: Usually this type of medication should be started a

soon as possible. Follow your

Prescriber's instructions, or ser

your Pharmacist for more details.

BEDTIME

AZITHROMYCIN 500 MG TABLET

Take 1 tablet by mouth every day for 3 days

- 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 500 MG 5090 Foothills Blvd Boseville, CA 95747 TABLET STORE TEL: (916) 783-1355 NDC: 62332-0252-30 DAW-O RX: 744100 00 QTY: 3 EA INSURANCE INFORMATION: MEDIMPACT PCN ASPROD1 CAP: Safety MFR PKG: Yes AUTH#: 8259977626 REFILL: 0 Refills MFR: ALEMBIC PHARMAC PRSCBR: Kerrie North-Calderon DAYS SUPPLY: 3 DATE FILLED: 10/7/22 RETAIL PRICE:\$43.99 AMOUNT DUE: \$5.76

Notes from the Pharmacy



PRIVACY: An important notice related to the privacy of your information is included with this label. Please acknowledge receipt of this notice by signing in store or sign/mail the back of this label to the address in the notice.







Promised: 10/7/22, 4:46 PM



Roeben, Debbie Counsel New Drug

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

Prescription Information



POLYMYXIN B-TMP EYE DROPS

Apply 2 drops 4 times a day as directed for 5 days

- This medication is for the eye only.
- If using other eye meds, wait at least 5 min. Before applying.
- Date opened

nedication should be started a Prescriber's instructions, or se

CVS Pharmacy

Note: Usually this type of

Receipt & Refill Information

STORE#: 9958 5090 Foothills Blvd Roseville, CA 95747 STORE TEL: (916) 783-1355 RX: 744101 00 INSURANCE INFORMATION MEDIMPACT PCN ASPROD1

POLYMYXIN B-TMP EYE DROPS

NDC: 61314-0628-10 DAW: 0 QTY: 10 ML

MFR PKG: Yes CAP: Safety

REFILL: O Refills MFR: SANDOZ PRSCBR: Kerrie North-Calderon DAYS SUPPLY: 5 DATE FILLED: 10/7/22

AMOUNT DUE: \$9.63

Notes from the Pharmacy



RETAIL PRICE:\$22.99

PRIVACY: An important notice related to the privacy of your information is included with this label. Please acknowledge receipt of this notice by signing in store or sign/mail the back of this label to the add ass in the milice.





Promised: 10/7/22, 4:46 PM

Scripts: 01



Roeben, Debbie

1708 South Church St. Visatia, CA DOB: 6/64 TEL: (559) 303-6451 Counsel New Patient

Prescription Information

85



Note: Usually this type of medication should be started a

soon as possible. Follow your

Prescriber's instructions, or ser

your Pharmacist for more details.

BEDTIME

AZITHROMYCIN 500 MG TABLET

Take 1 tablet by mouth every day for 3 days

- 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 500 MG 5090 Foothills Blvd Boseville, CA 95747 TABLET STORE TEL: (916) 783-1355 NDC: 62332-0252-30 DAW-O RX: 744100 00 QTY: 3 EA INSURANCE INFORMATION: MEDIMPACT PCN ASPROD1 CAP: Safety MFR PKG: Yes AUTH#: 8259977626 REFILL: 0 Refills MFR: ALEMBIC PHARMAC PRSCBR: Kerrie North-Calderon DAYS SUPPLY: 3 DATE FILLED: 10/7/22 RETAIL PRICE:\$43.99 AMOUNT DUE: \$5.76

Notes from the Pharmacy



PRIVACY: An important notice related to the privacy of your information is included with this label. Please acknowledge receipt of this notice by signing in store or sign/mail the back of this label to the address in the notice.





Promised: 10/10/22, 12:36 PM

Scripts: 01





Roeben, Debbie

1048 Treasure Lane, Roseville, CA 95678 TEL: (559) 303-6451

Counsel New Drug

Prescription Information



GUAIATUSSIN AC LIQUID

Cheracol Generic for:

Take 10 mL by mouth daily at bedtime for 5 days

- Important Information
 Caution: opioid. Risk of overdose and addiction.
- Breastfeeding not recommended while using this drug. Consult dr or rph.
- May cause drowsiness and dizziness. Careful using vehicle, vessel, machines.
- If pregnant or of childbearing age, discuss risks/benefits with md or rph.
- Using more than recommended may cause breathing problems.

Receipt & Refill Information

CVS Pharmacy

5090 Foothills Blvd Roseville, CA 95747

STORE TEL: (916) 783-1355

RX: 744447

00

C

STORE#: 9958

INSURANCE INFORMATION:

MEDIMPACT PCN ASPROD1

TP: 32495 GR: PHIO1 AUTH#: #262575930

RETAIL PRICE:\$11.99

GUAIATUSSIN AC LIQUID

NDC: 50383-0087-16

QTY: 50 ML

CAP: Safety

MFR PKG: Yes

DAW: 0

REFILL: 0 Refills

MFR: HI-TECH/AKORN C PRSCBR: Mandeep Singh DAYS SUPPLY: 5

DATE FILLED: 10/10/22

AMOUNT DUE: \$4.90

Notes from the Pharmacy



Get important updates to help you stay on track with your health. See back for details.



Promised: 10/10/22, 12:38 PM





Roeben, Debbie

1048 Treasure Lane, Roseville, CA 95678 TEL: (559) 303-6451

Prescription Information



Note: Usually this type of medication should be started a

soon as possible. Follow your Prescriber's instructions, or see

AZITHROMYCIN 500 MG TABLET

Take 1 tablet by mouth every day for 3 days

- 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

5090 Foothills Blvd Roseville, CA 95747

STORE TEL: (916) 783-1355 RX: 744450

INSURANCE INFORMATION:

MEDIMPACT PCN ASPROD1 me 8262575449

RETAIL PRICE-\$43 99

AZITHROMYCIN 500 MG TABLET

NDC: 62332-0252-30 DAW: 0

QTY: 3 EA

MFR PKG: Yes CAP: Safety

REFILL: 0 Refills MFR: ALEMBIC PHARMAC PRSCBR: Mandeep Singh DAYS SUPPLY: 3 DATE FILLED: 10/10/22

AMOUNT DUE: \$5.76

Notes from the Pharmacy



Get important updates to help you stay on track with your health. See back for details.



Promised: 10/7/22, 4:46 PM # Scripts: 01

85



Roeben, Debbie 1708 South Church St. Visalia, CA

Counsel New Drug

Prescription Information

TEL: (559) 303-6451



See back for more information

BENZONATATE 200 MG CAPSULE

Take 1 capsule by mouth every 8 hours for 7 days.

STORE#: 9958

- 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

5090 Foothills Blvd Roseville, CA 95747

STORE TEL: (916) 783-1355

RX: 744103

INSURANCE INFORMATION:

MEDIMPACT PCN ASPROD1

RETAIL PRICE:\$31.99

AUTH# 8259986541

00

BENZONATATE 200 MG CAPSULE

NDC: 42806-0715-01

QTY: 21 EA

CAP: Safety MFR PKG: Yes

REFILL: 0 Refills MFR: EPIC PHARMA LLC PRSCBR: Kerrie North-Calderon DAYS SUPPLY: 7 DATE FILLED: 10/7/22

AMOUNT DUE: \$9.26

Notes from the Pharmacy



PRIVACY: An important notice related to the privacy of your information is included with this label. Please acknowledge receipt of this notice by signing in store or sign/mail the back of this label to the address in the notice.





DAW-O



Promised: 10/7/22, 4:46 PM



Roeben, Debbie Counsel New Drug

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

Prescription Information



POLYMYXIN B-TMP EYE DROPS

Apply 2 drops 4 times a day as directed for 5 days

- This medication is for the eye only.
- If using other eye meds, wait at least 5 min. Before applying.
- Date opened

nedication should be started a Prescriber's instructions, or se

CVS Pharmacy

Note: Usually this type of

Receipt & Refill Information

STORE#: 9958 5090 Foothills Blvd Roseville, CA 95747 STORE TEL: (916) 783-1355 RX: 744101 00 INSURANCE INFORMATION MEDIMPACT PCN ASPROD1

POLYMYXIN B-TMP EYE DROPS

NDC: 61314-0628-10 DAW: 0 QTY: 10 ML

MFR PKG: Yes CAP: Safety

REFILL: O Refills MFR: SANDOZ PRSCBR: Kerrie North-Calderon DAYS SUPPLY: 5 DATE FILLED: 10/7/22

AMOUNT DUE: \$9.63

Notes from the Pharmacy



RETAIL PRICE:\$22.99

PRIVACY: An important notice related to the privacy of your information is included with this label. Please acknowledge receipt of this notice by signing in store or sign/mail the back of this label to the add ass in the milice.





Promised: 10/7/22, 4:46 PM

Scripts: 01



Roeben, Debbie

1708 South Church St. Visatia, CA DOB: 6/64 TEL: (559) 303-6451 Counsel New Patient

Prescription Information

85



Note: Usually this type of medication should be started a

soon as possible. Follow your

Prescriber's instructions, or ser

your Pharmacist for more details.

BEDTIME

AZITHROMYCIN 500 MG TABLET

Take 1 tablet by mouth every day for 3 days

- 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 500 MG 5090 Foothills Blvd Boseville, CA 95747 TABLET STORE TEL: (916) 783-1355 NDC: 62332-0252-30 DAW-O RX: 744100 00 QTY: 3 EA INSURANCE INFORMATION: MEDIMPACT PCN ASPROD1 CAP: Safety MFR PKG: Yes AUTH#: 8259977626 REFILL: 0 Refills MFR: ALEMBIC PHARMAC PRSCBR: Kerrie North-Calderon DAYS SUPPLY: 3 DATE FILLED: 10/7/22 RETAIL PRICE:\$43.99 AMOUNT DUE: \$5.76

Notes from the Pharmacy



PRIVACY: An important notice related to the privacy of your information is included with this label. Please acknowledge receipt of this notice by signing in store or sign/mail the back of this label to the address in the notice.



