

## Online Claim Submission

Code: SM9  
Employer: Smarsh Inc.  
EmplID: 461271454  
EmpName: Ring, Richard  
Submitted: January 23, 2023  
Batch: 29988944  
Claim Total: \$14.71  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/18/2023	RX	\$14.71	Provider: Kroeger. For whom: Richard Ring. prescription medicine

Patient Pay: \$14.71  
1 of 1 Items in Order

**Action Items:**  
No Action Needed

**Auto Refill:**  
Enrolled

**Auto Notify:**  
Email: Not Enrolled  
Text: Enrolled  
Voice: Not Enrolled

**Precautions:**  
FOR THE EYE.

REFRIGERATE UNOPENED  
BOTTLE. MAY STORE AT ROOM  
TEMPERATURE AFTER OPENING  
FOR USE.

ONCE BOTTLE IS OPENED,  
DISCARD UNUSED MEDICATION  
AFTER \_\_\_\_\_.

IF YOU ARE USING OTHER EYE  
MEDICATIONS, WAIT AT LEAST 5  
MINUTES BEFORE APPLYING  
THEM UNLESS DIRECTED  
OTHERWISE.

POS #  
KROGER PHARMACY 03400327  
13135 LOUETTA RD  
CYPRESS, TX 77429  
PH: (281) 379-7756 NCPDP: 4599582  
DATE: 01/13/2023

DATE: 01/13/2023  
NCPDP: 4599582  
02/17/58  
REFILL

KROGER PHARMACY 03400327  
13135 LOUETTA RD CYPRESS, TX 77429  
PHONE: (281) 379-7756 STORE: 03400327  
**RICHARD L RING**

**RX# 6533909** TX: 0001309353 DAW: 0  
LATANOPROST 0.005% EYE DROPS (3)  
NDC: 61314-0547-03 QTY: 2.5 DAYS: 25  
UNITED HEALTHCARE AUTH # : 230131189070206  
NO REFILLS REMAINING

**PRICE: \$14.71**

YOUR INSURANCE BENEFIT SAVED YOU: \$72.78

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PRESCRIBER: T SUN

**PRICE: \$14.71**

RPH: OL  
D.E: ---

REFILL

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