Online Claim Submission

Code: ID2

Employer: State of Idaho Department of Admini

EmpID: 435291766

EmpName: Walker, Kevin

Submitted: January 23, 2023

Batch: 29991162

Claim Total: \$5.96

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/12/2023	RX	\$5.96	Provider: Sandpoint Super Drug. For whom:
				Jennifer Walker.

WARNING: This Drug WILL NOT STOP Sudden Breathing Problems Once They Have Started.

Check With Your Doctor Or Pharmacist To Make Sure It Is Safe For You To Take This Drug With All Of Your Other Drugs.

Take Or Use This Medicine Exactly As Directed. Do Not Skip Doses Or Discontinue Unless Directed By Your Doctor.

JENNIFER WALKER

30544 HWY 200 STE 101

PONDERAY, ID 83852

6506681 NEW RX

JENNIFER WALKER SANDPOINT, ID 83864

(208) 989-4835 DOB: 06/29/1972 Price Code:G OH: 788 Disp Qty:30 Qty Wrtn:60

Orig:01/12/2023

DAILY

MONTELUKAST 10MG

Mfg:ACCOR

01/12/2023

Generic for: *SINGULAIR 10MG NDC:16729-0119-17 DAW:0 DS:30

1 TABLET BY MOUTH

READY

Ins. Paid:

Pat. Paid:

Total Paid:

REIDY, KATE 30544 HWY 200 STE 101

(208) 263-6300 DEA:MR6230748

Origin:eScript

PONDERAY, ID 83852

NPI:1134720196

MEDICARE D 610502 Auth:230126348467445993

FB:SM -CRC-

1.5 Refills by 01/12/2024

MEDICARE D 610502 CONSULT: YNR **EO F** YN

06/29/1972

JENNIFER WALKER 6506681 01/12/2023

\$0.00

\$5.96

\$5.96

904 NORTHVIEW DR SANDPOINT, ID 83864

TAVOID WAITING

for your prescription refills by calling the day before you come in. Thank Yout

READY

PHONE 208-263-1408 Rx No. 65066811h 01/12/2023 JENNIFER WALKER 904 NORTHVIEW DR SANDPOINT, ID 83864 06/29/1972

(208) 989-4835 DAW:0 DS:30 DOB:06/29/1972

DELIVERY

READY

NDC:16729-0119-17 MEDICARE D 610502

30 Tab MONTELUKAST 10MG

Patient Pay:

SANDPOINT ID 83864 KATE

\$5.96

READY

6506681 604 NO. 5th Rx No. JENNIFER WALKER 904 NORTHVIEW DR

SANDPOINT, ID 83864 (208) 989-4835 DAW:0 DS:30 DOB:06/29/1972

NDC:16729-0119-17

MEDICARE D 610502 Patient Pay:

REIDY, KATE

30544 HWY 200 STE 101

PONDERAY, ID 83852

30 Tab MONTELUKAST 10MG Ins. Paid:

\$5.96

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READY

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Pat. Paid:

Total Paid:

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(208) 263-6300 DEA:MR6230748

Origin:eScript

PONDERAY, ID 83852

NPI:1134720196

MEDICARE D 610502 Auth:230126348467445993

FB:SM -CRC-

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MEDICARE D 610502 CONSULT: YNR **EO F** YN

06/29/1972

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