

Online Claim Submission

Code: CKC

Employer: Cullen-Frost Bankers, Inc.

EmpID: 455987183

EmpName: Crosby, Kate

Submitted: January 23, 2023

Batch: 29990287

Claim Total: \$780.43

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/11/2023	RX	\$780.43	Provider: HEB Pharmacy. For whom: Kate Crosby. 4 Scripts filled between January 11 and January 20, 2023

Pharmacy

463 1150 NW LOOP 1604
SAN ANTONIO, TX 78248
(210)408-8145

KATE CROSBY
1407 TWILIGHT RIDGE
SAN ANTONIO, TX 78258
(210)402-6880

DOB: 01/15/1954

Fill Date: 01/20/2023

Rx# 1537497
Pr. RAMON GARZA
FreeStyle Libre 2 Sensor
NDC# 57599-0800-00
Qty: 6 DAW: 0
Days Supply: 84
NEW 1.0-Refill(s) of Qty: 6.0

Patient Pay: \$224.99
TP billed: CAREMARK BIN 004336



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Fill Date: 01/18/2023

Rx# 1536510
Pr. CRAIG KUEBKER
Vascepa 1g Soft Gel Capsule
NDC# 52937-0001-20
Qty: 60 DAW: 9
Days Supply: 30
NEW 11.0-Refill(s) of Qty: 60.0

Patient Pay: \$120.57
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Rx# 1428008
Pr. CRAIG KUEBKER
Ferrex-150 Capsule
NDC# 00904-5395-61
Qty: 30 DAW: 0
Days Supply: 30
1.0-Refill(s) of Qty: 30.0

Patient Pay: \$8.91
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Rx# 1501997
Pr. RAMON GARZA
Novolog 100U/ml Soln for Inj
NDC# 00169-7501-11
Qty: 30 DAW: 2
Days Supply: 30
NEW 5.0-Refill(s) of Qty: 30.0

Patient Pay: \$425.96
TP billed: CAREMARK BIN 004336



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