



P.O. Box 52066
Phoenix, AZ 85072-2066

202301050129

**Prescription Claim
Reimbursement Statement**

*Please Retain for Future
Reference*

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01/05/2023

ENV 96
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MIXED AADC 040

96 0.9555 MB 0.512



7

Plan Name:

Important plan information

This is not a bill

According to our records, some or all of your prescription claims were (re)processed and those are identified on the following page(s). *If you are owed money the check is enclosed in this mailing.*

This may have occurred for one of the following reasons:

- *You submitted a prescription reimbursement request (filed a paper claim).*
- *We received documentation indicating that your claim(s) should be reprocessed to correctly reflect your out-of-pocket costs.*
- *A claim audit identified an overpayment in prescription claim(s).*

Should you have any questions please contact us at 888-296-6961 .

Claim Activity for:**Relationship to Cardholder:** Card Holder**Cardholder Name:****Cardholder ID:****Primary Insurance Information****Member ID:****Carrier:****Account:****Group:**



Type of Service: Pharmacy
Date Claim(s) Processed: 01/04/2023

		Claim #1	Totals
Plan Responsibility	Claim Number	[REDACTED]	
	Date Filled	10/13/2022	
	Pharmacy Name	[REDACTED]	
	Pharmacy #	[REDACTED]	
Member Responsibility	Rx Number	Out of Network	
	Amount Submitted	177.00	177.00
	Amount Allowed by Plan	177.00	177.00
	Amount Disallowed	0.00	0.00
Member Responsibility	Copay	47.00	47.00
	Coinsurance	0.00	0.00
	Other	62.95	62.95
Plan Responsibility	Plan Paid (Primary)	67.05	67.05
	Member Reimbursement	67.05	67.05
	Reason Code		



Payment Summary

Check Date: [Redacted]
Check Number: [Redacted]
Statement Number: [Redacted]
Total Reimbursement: \$67.05

Did you know generic drugs can save you money? Ask your pharmacist if your prescription can be filled with a generic equivalent drug.

Plan Year Totals	In Network
Deductible Amounts Applied to Date:	
Out of Pocket Amounts Applied to Date:	\$0.00
Maximum Allowable Benefit Remaining:	

Remarks/Reason Code Explanation

* Other Pharmacies are Available in our Network

Notice: The diagnosis and treatment codes (and their meaning) related to the service that is the subject of this statement are available upon request made to the carrier.



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Forwarding Service Requested



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ENV 96

CVS Caremark® PO Box 52115
Phoenix, AZ 85072-2115

56-382
412

CHECK NO.: [REDACTED]
CHECK DATE: 01/05/2023

Wells Fargo Bank, N.A.

AMOUNT

*****\$ 67.05

PAY Sixty Seven & 05/100 Dollars

TO THE
ORDER OF



Medicare



VOID AFTER 180 DAYS

Carla D. [Signature] VOID

