

KROGER PHARMACY 03500436235 E FM1382
CEDAR HILL, TX 75104

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THIRD PARTY REJECTION**PRESCRIBER:****DERRICK JONES**2925 SKYWAY CIRCLE NORTH
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PATIENT:**DOROTHY ADAMS**1406 BIG STONE
DUNCANVILLE, TX 75137
DOB: 09/04/1929
(214)283-4042**PRESCRIPTION**

Rx Number: 6327036

Written: NexIUM DR 40 MG CAPSULE

Dispensing: NEXIUM DR 40 MG CAPSULE

NDC #: 00186-5040-31

Pack Size: 30

PATIENT THIRD PARTY

Plan: MEDICARE D-MEDCO (COB)

Cardholder ID: 90640288101

Group Number: CVTYRTL

Code: 1000006

BIN Number: 610014

PCN: MEDDPRIME

Service Date: 01/23/2015

Phone: (800) 922-1557

CLAIM RESPONSE

Transaction Response Status: Rejected

REJECT CODES

N8 - Use Prior Authorization

MR - Product Not On

569 - PROVIDE PATIENT

DUR

Reason for Service

Clinical Significance

Previous Fill Date

Previous Fill Quantity

formatDate Error

formatDate Error

formatDate Error

RESPONSE MESSAGES

ADJUDICATION_REJECT

EMGCY FILL-MAX 03 DS & QTY WITH PA TYPE1

CLOSED FORM.

800-551-2694

P.A.

01-18-2015

Confidential Information

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