

Here are examples of the required pharmacy receipts to make a claim on the High-Cost Rx Drug Plan. On the left is the register receipt; on the right is the prescription drug package receipt.



1933 VICTORY BLVD, STATEN ISLAND, NY
 PHARMACY: 447-0300 STORE: 815-2845

REG#13 TRN#4777 CSHR#1229854 STR#6048

Helped by: RANA

ExtraCare Card #: *****0501

F 1 RX #:	****8310000	4.77N
F 1 RX #:	****8320000	19.89N

1	RUSABL ICE CUBES	EACH	2.99T
1	RUSABL ICE CUBES	EACH	2.99T
1	AMAZON 3PK \$30	EACH	30.00N

7 ITEMS

SUBTOTAL	120.64
NY 8.875% TAX	53
TOTAL	121.17
DEBIT	121.17
CH	

Citibank Card
 REF# 137779
 TRAN TYPE: SALE
 AID: A000000042203
 TC: BCBRA1933F88264E
 TERMINAL# 94248749
 PIN VERIFIED ONLINE
 CVM: 420300
 TVR 95: 0000048000
 TSI(9B): E800

CHANGE .00



3506 0489 1764 7771 32
 State law may prohibit the return

Promised: 6/25/19, 6:50 PM
 # Scripts: 01

ME 141



27 2145831 000 000 00 0000477

Counsel New Drug

DOS: TEL (718)

Prescription Information

CEFUROXIME AXETIL
500 MG TAB
(Common brand(s): Ceftin)

Take 1 tablet (500 mg total) by mouth daily for 10 days max daily amount: 500 mg

Important Information

- Take this medication with plenty of water.
- Take with food.
- The drug may have a bitter taste if chewed or crushed. Swallow whole.

IMPORTANT ADVICE:
 Note: Usually this type of medication should be stated as soon as possible. Follow your physician's instructions, or see our Pharmacist for more info.

Receipt & Refill Information

CVS Pharmacy 1933 Victory Blvd Staten Island, NY	STORE# 9048	CEFUROXIME AXETIL 500 MG TAB
STORE TEL: (718) 447-0300	RX: 2145831 00	NDC: 68180-0303-60 DAW: 0
INSURANCE INFORMATION: CARDMARK: 811 (0433) 12/28/19	AMT# 191 7022013 (0328)	QTY 20 EA
		CAP: Safety MFR PKG: Yes
		REFILL: 0 Refills MFR: LUPIN PHARMACEU PRSCR: Eyal Schwartzman DAYS SUPPLY: 10 DATE FILLED: 6/25/19
RETAIL PRICE: \$89.00		AMOUNT DUE: \$4.77

Notes from the Pharmacy



Get important updates to help you stay on track with your health. See back for details.

CVS pharmacy OPEN HERE