Attachment O

‹ View all claims

JS [redacted]

Claim information

Fill date **01/26/2018**

Claim number : **180260257947209**

Drug information

Drug name : **HUMALOG INJ 100/ML**

Rx : **000192476134**

NDC : **HUMALOG INJ 100/ML**

Quantity : **90.000**

Prescriber : **WADWA**

90 day supply of Humalog Insulin

Pharmacy

OPTUMRX

2858 LOKER AVE E STE 100

CARLSBAD,CA 92010

8005626223

Payment information

You paid : **$1,948.52**

Plan paid : **$276.55**

Product select amount : **$0.00**

Exceed max amount : **$0.00**

Sales tax : **$0.00**

Disclamier: *Prices on some of your medication(s) may vary based on your doctor's instructions or on the manufacturer's price provided to us at the time you place your order online or at your pharmacy.*