

# How to File a Pharmacy Claim

Once you have used your GoodRx Discount Card to fill your prescription, please send the pharmacy's prescription slip with your medication specifications as well as the receipt documenting your transaction.

Examples of both documents:

## Pharmacy Prescription Slip

This is given to you along with your prescription when you receive it.

## Receipt of the transaction

The receipt with proof of payment of the prescription when the transaction was processed.

Promised: 8/9/22, 4:02 PM  
# Scripts: 01

CH 39

27 0159835 000 001 00 000000

DOB: [REDACTED] TEL: [REDACTED]

### Prescription Information

**3 TABLETS**  
**PAXLOVID 150(X2)  
-100MG PK(EUA)**

Take 3 tablets by mouth twice a day for 5 days

**3 TABLETS**

**Important Information**  
- Swallow whole. Do not chew or crush.  
- Important: finish all this medication unless otherwise directed by doctor.

\* PHARMACY CHOICE\*  
See back for more information

### Receipt & Refill Information

CVS Pharmacy STORE#: 17786  
1506 Ponce De Leon Bl  
Coral Gables, FL

STORE TEL: (305) 459-7202  
RX: 159835 00

INSURANCE INFORMATION:  
[REDACTED]

RETAIL PRICE: \$55.99

PAXLOVID 150(X2)  
-100MG PK(EUA)

NDC: 00069-1065-30 DAW: 0  
QTY: 30 EA

CAP: Safety MFR PKG: Yes

REFILL: 0 Refills  
MFR: PFIZER US PHARM  
PNSCR: [REDACTED]  
DAYS SUPPLY: 5  
DATE FILLED: 8/9/22

AMOUNT DUE: \$0.00

### Notes from the Pharmacy

CVS pharmacy OPEN HERE

**CVS/pharmacy**

400 PARK AVE, WORCESTER, MA  
PHARMACY: 792-3866 STORE: 792-3870

REG#02 TRN#6324 CSHR#0820497 STR#657

ExtraCare Card #: \*\*\*\*\*8836

1 THERAFLU F&S 6CT	6.49T
1 CVS NT DECON 10Z	4.99T

2 ITEMS

SUBTOTAL	11.48
MA 6.25% TAX	.72
<b>TOTAL</b>	<b>12.20</b>
CASH	20.00
CHANGE	7.80

2500 6571 0476 3240 24  
RETURNS WITH RECEIPT THRU 04/17/2011

FEBRUARY 16, 2011 4:39 PM

EARN 2% BACK ON ALMOST EVERYTHING  
IN THE STORE AND ON CVS.COM WHEN  
YOU USE YOUR EXTRACARE CARD.

THANK YOU. SHOP 24 HOURS AT CVS.COM

**Please note that claims must be submitted within the time frame from the date of service stipulated in your Policy Terms and Conditions in order to be considered eligible for processing. We will return your incomplete claims with an explanation on what is missing to help us expedite processing your claim.**

**Completed claims, along with the required supporting documentation, must be submitted via e-mail to [corpclaims@payerfusion.com](mailto:corpclaims@payerfusion.com).**