

Summary of Prescriptions Filled

02/01/2017 through 02/28/2017

Customer No.: 00840335801

Member Name: CHRISTY DEARDEN

Date Dispensed	Pharmacy Name	Pharmacy Location	Script Number	Drug Name	Days Supply	Qty of Drug	Dosage Form	Brand / Generic	Form / Non-Form	Mail / MTF / Retail	Submitted Amt	TRICARE Allowed Amt	Beneficiary Paid	TRICARE Paid	Other Health Insurance Paid	Applied Deductible Amount	Applied Toward Cat Cap
12/16/17	RITE AID #7080	MONTGOMERY, AL36117	000001051359	PREDNISONE TABS	06	12	TABLET	Generic	Form	Retail	\$18.36	\$2.54	\$2.54	\$0.00	\$0.00	\$0.00	\$2.54
12/27/17	RITE AID #7080	MONTGOMERY, AL36117	000001052447	PREDNISONE TABS	05	10	TABLET	Generic	Form	Retail	\$15.36	\$2.18	\$2.18	\$0.00	\$0.00	\$0.00	\$2.18
12/28/17	DOD MAXWELL EPHCY	MAXWELL AFB, AL36112	000003171623	PREDNISONE TABS	06	10	TABLET	Generic	Form	MTF	\$2.12	\$2.12	\$0.00	\$2.12	\$0.00	\$0.00	\$0.00

OTE: Submitted amount is what your pharmacy submitted for a cost of the medication and is not necessarily the amount they will be paid. (Retail claims only)

OTE: TRICARE Allowed Amount is a calculation of what TRICARE would pay as primary payor. The beneficiary's copay is included in the TRICARE Allowed Amount. (Retail claims only)

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