

Walgreens

There's a way to stay well

Patient Responsibility Estimate

September 12, 2014

Encounter ID: 000003755680
Store # 10319
472 LINCOLN ST
WORCESTER, MA 01605

Jill Vaccine
291 Lincoln Street
Worcester, MA 01605
Patient Address

ENTERED

SEP 12 2014

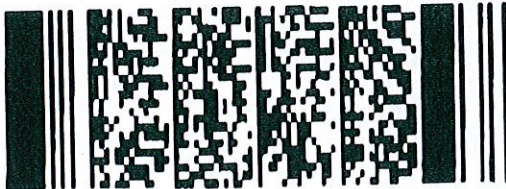
INTO SYSTOC

Claim #	Service Description	CPT Code	Cash Price	Insurance Billed	Amount Due
1	FLUVIRIN MULTIDOSE 2014-2015(66521011710)	90658	\$12.59	Selfpay	\$31.99
	Admin Fee	90471	\$19.40		
Cash Price Subtotal:			\$31.99		
Selfpay Amount:					\$31.99
Total Copay/Co-Insurance Amount:					
Total Amount Due at Time of Visit:					\$31.99

ICD9 Codes: V04.81

*Insurance will be billed, if applicable. Patient is responsible for paying all amounts not paid for by insurance. If there is no insurance, patient must make payment in full at time of service.

*El costo se cobrará a su seguro médico, si corresponde. El paciente es responsable de pagar todas las cantidades que no pague su seguro médico. Si el paciente no tiene seguro médico, el pago total debe efectuarse al momento de recibir los servicios.



For Customer Service:

Toll Free Phone: 866-380-9843

Hours: 24x7, Se Habla Espanol

Please have your invoice available for reference.

<http://www.walgreens.com>