



Client Care Access

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**Claims** ?

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Effective Date Status: f

Last Name

First Name

Address

City

State

Zip

Phone

Fax

Plan

Benefit Resest Date:

Overview Plan:

Benefit Resest Date:

Linked Eligibility To: *N/A*

Eligibility Status: Active

Pricing Transactions ?

Select Claim Options

Pricing Transactions v

Claim Transaction Summary

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Submit Date:	Status:	Paid
Rx Number:	Submitted Diagnosis Qualifier:	
Claim Number:	Claim Sequence Number:	2
Submitted Diagnosis Code:	Rx Qualifier:	1
Prescriber ID:	Prescriber Name:	1
Pharmacy ID:	Pharmacy Name:	
Pharmacy Qualifier: 07	Prescriber Qualifier:	01
Product ID: <a href="#">24979053401</a>	Product Name:	GUANFACINE HCL ER 2MG TAB ER 24H

**- General**

Prior Authorization	Date Received:	11/06/2017
Transaction Code: B1	Bank ID Number:	004336
Processor Control: ADV	Submitted Group:	RX0794

**- Pricing - This Claim**

Price Type	Submitted	Approved
Ingredient Cost	314.73	121.00
Dispensing Fee	5.27	0.55
Flat Sales Tax	0.00	0.00
Percent Sales Tax	0.00	0.00
Incentive Amount	0.00	0.00
Other Patient-Payor Responsibility		0.00
Professional Service Fee	0.00	0.00
Patient Pay	0.00	0.00
Coordination of Benefits	0.00	0.00
Usual & Customary	320.00	0.00
Other	0.00	0.00
Amount Due	320.00	121.55
Source		M

**+ Patient Pay Details - This Claim**

**+ Accumulations and Benefits - This Benefit Period**

**+ Remaining / Accumulated Response**

**+ Manufacturer Copay Contribution - This Claim**

**+ Additional Pricing Details**

**+ Price Schedules**

**+ Pricing Details Delta**



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**Claims** 2

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<p><b>Effective Date Status:</b> </p> <p><b>Middle Name:</b></p> <p><b>Age:</b></p> <p><b>Alt:</b></p> <p><b>Address:</b></p> <p><b>City:</b></p> <p><b>State:</b></p> <p><b>Zip:</b></p> <p><b>Override Plan:</b></p> <p><b>Benefit Reset Date:</b></p>	<p><b>Linked Eligibility:</b> N/A</p> <p><b>Eligibility Status:</b> Active</p>	
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**Pricing Transactions** 2

**Select Claim Options**

Pricing Transactions

**Claim Transaction Summary**

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<p><b>Submit Date:</b></p> <p><b>Rx Number:</b></p> <p><b>Claim Number:</b></p> <p><b>Submitted Diagnosis Code:</b></p> <p><b>Prescriber ID:</b></p> <p><b>Pharmacy ID:</b></p> <p><b>Pharmacy Qualifier:</b></p> <p><b>Product ID:</b> <a href="#">24208063110</a></p>	<p><b>Status:</b> Paid</p> <p><b>Submitted Diagnosis Qualifier:</b></p> <p><b>Claim Sequence Number:</b></p> <p><b>Rx Qualifier:</b></p> <p><b>Prescriber Name:</b></p> <p><b>Pharmacy Name:</b></p> <p><b>Prescriber Qualifier:</b></p> <p><b>Product Name:</b> NEOMYCIN-POLYMYXIN-HYDROCOR 3.5-10K-1 SOLUTION</p>
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**- General**

<p><b>Prior Authorization:</b></p> <p><b>Transaction Code:</b> B1</p> <p><b>Processor Control:</b> ADV</p>	<p><b>Date Received:</b> 11/06/2017</p> <p><b>Bank ID Number:</b> 004336</p> <p><b>Submitted Group:</b> RX0794</p>
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**- Pricing - This Claim**

Price Type	Submitted	Approved
Ingredient Cost	100.68	49.77
Dispensing Fee	5.32	0.55
Flat Sales Tax	0.00	0.00
Percent Sales Tax	0.00	0.00
Incentive Amount	0.00	0.00
Other Patient-Payor Responsibility		0.00
Professional Service Fee	0.00	0.00
Patient Pay	0.00	0.00
Coordination of Benefits	0.00	0.00
Usual & Customary	106.00	0.00
Other	0.00	0.00
Amount Due	106.00	50.32
Source		M

- [+ Patient Pay Details - This Claim](#)
- [+ Accumulations and Benefits - This Benefit Period](#)
- [+ Remaining / Accumulated Response](#)
- [+ Manufacturer Copay Contribution - This Claim](#)
- [+ Additional Pricing Details](#)
- [+ Price Schedules](#)
- [+ Pricing Details Delta](#)
- [+ Other Amount Claimed Detail](#)

Drug GUANFACINE HCL ER 2 MG TB24  
NDC 24979-0534-01 GENERIC PS 100.00  
P

Onhand 0  
Unit Dose? N  
USE SAFETY CAP

Quantity 30      Dispensed 30  
Refills 1      Refs/Qty Left 1 /30

Plan(s)      Pay \$      7.60\*Last      DEFAULT  
ADV      7.60P \$      7.60\*Price      DEFAULT  
Disc

Directions (English)  
TAKE ONE TABLET BY MOUTH IN THE

Plan	Submitted	Adjudicated	PlanPay	Copay	Last Copay	Drug U&C
ADV	\$ 320.00	\$ 7.60	\$ 7.60	\$ .00		\$ 320.00

DAW

Drug Cost  
\$ 17.56

	IngrdCost	DispFee	Incentive	SalesTax	Price	Margin
Submitted	\$ 314.73	\$ 5.27	\$ .00	\$ .00	Difference	\$ 302.44
ADV	\$ 7.10	\$ .50	\$ .00	\$ .00	\$ 312.40	\$ -9.96

ADV INGREDIENT COST PAID AT MAC PRICE

Drug NEOMYCIN-POLYMYXIN-HC EAR S Onhand 10 Last Qty 10 Or  
 NDC 24208-0631-10 GENERIC PS 10.00 Unit Dose? N 42 Day's Past Due  
 P generic to cortisporin otic USE SAFETY CAP

Quantity 10 Dispensed 10  
 Refills 0 Refs/Qty Left 0 /0 Plan(s) Pay \$ 5.40\*Last DEFAULT  
 Directions (English) ADV 5.40P \$ 5.40\*Price DEFAULT  
 INSTILL 2 TO 3 DROPS IN BOTH \$ Disc

Plan	Submitted	Adjudicated	Plan Pay	Copay	Last Copay	Drug U&C
ADV	\$ 106.00	\$ 5.40	\$ 5.40	\$ .00		\$ 106.00
					DAW	Drug Cost
						\$ 53.33

	IngrdCost	DispFee	Incentive	SalesTax	Price	Margin
Submitted	\$ 100.68	\$ 5.32	\$ .00	\$ .00	Difference	\$ 52.67
ADV	\$ 4.90	\$ .50	\$ .00	\$ .00	\$ 100.60	\$ -47.93
ADV	INGREDIENT COST	PAID AT	PRICE			