



SUBSCRIBER INFORMATION

Member ID#: XXXXXXXX9530 Group #: 000IG1801
Customer Advocates are here to help! 1-800-538-8833

CLAIM DETAIL (1 of 1)

PATIENT: BRADLEY D. BRYAN

PROVIDER: SSM HEALTH GOOD SAMARITAN HOSPITA

CLAIM #: 4330505G0080X

DATE PROCESSED: 11/25/2024

Blue Cross and Blue Shield has negotiated discounts with this provider. The following shows how the BCBS discount (ADP) is used to help lower your out-of-pocket expenses.

Amount Billed	\$845.00
Discounts (ADP)	-\$218.01
Health Plan Responsibility	-\$438.90
You may owe your health care provider for these services	\$188.09

YOUR BENEFITS APPLIED

YOUR RESPONSIBILITY

Service Description	Service Dates	Amount Billed	Discounts and Reductions	Amount Covered (Allowed)	Health Plan Responsibility	Deductible Amount	Copay Amount	Coinsurance	Amount Not Covered	Your Total Costs
Laboratory Services	11/18/2024	43.00		43.00				9.57		9.57
Laboratory Services	11/18/2024	216.00		216.00				48.08		48.08
Laboratory Services	11/18/2024	130.00		130.00				28.94		28.94
EKG Outpatient	11/18/2024	456.00		456.00				101.50		101.50
CLAIM TOTALS		\$845.00	\$0.00	\$845.00	\$438.90	\$0.00	\$0.00	\$188.09	\$0.00	\$188.09

Total covered benefits approved for this claim: \$438.90 to SSM HEALTH GOOD SAMARITAN HOSPITA on 11-25-24.

For your up-to-date Medical Spending summary, visit Blue Access for MembersSM on our website, the BCBSIL Mobile App or call the phone number on the back of your ID card.

BRADLEY D BRYAN - Benefit Period: 01-01-24 Through 12-31-24 To date this patient has met \$2,417.21 of her/his \$9,450.00 Out-of-pocket Expense.

Total: \$10.00
Total RX: 2
Signature Required: Y
Counsel: Y
Counter Pickup

Walmart
Pharmacy

FG 2848
YW 1514

Pharmacy hours:

Mon: 09:00 AM - 07:00 PM	Tue: 09:00 AM - 07:00 PM
Wed: 09:00 AM - 07:00 PM	Thu: 09:00 AM - 07:00 PM
Fri: 09:00 AM - 07:00 PM	Sat: 09:00 AM - 07:00 PM
Sun: 10:00 AM - 06:00 PM	Lunch Time Varies

BRYAN
BRADLEY, D



1402 W DELAWARE ST
FAIRFIELD, IL 628372322
WAL-MART PHARMACY 10-454
150 COMMERCE DRIVE
FAIRFIELD, IL 62837-0000
NABP: 1464750 NPI: 1013935527

OC# 155 923 841 076 593 939 107 659 238
PRIORITY: FUTURE
REFILL

RX: 7529692 Ref = 6 DATE: 01/07/25

Patient Pay: \$0.00 Cash: \$18.77 BIL

ATORVASTATIN 40MG TAB TEV NDC: 00093-5058-98
DIRECTIONS: TAKE 1 TABLET BY MOUTH ONCE DAILY

Auto Refill prescription
WELTY, STEPHEN
Prescriber NPI: 1811640105
QTY: 30 DAW: 0 DAY SUPPLY: 30
TP REF # 250072284019015999

BRYAN
BRADLEY, D



1402 W DELAWARE ST
FAIRFIELD, IL 628372322
WAL-MART PHARMACY 10-454
150 COMMERCE DRIVE
FAIRFIELD, IL 62837-0000
NABP: 1464750 NPI: 1013935527

OC# 255 923 441 076 592 026 107 659 238
PRIORITY: IN STORE
NEW

RX: 2254179 Ref = 0 DATE: 01/07/25

Patient Pay: \$10.00 Cash: \$62.39 BIL

OXYCOD/ACETAM 7.5-325MG TAB M. NDC: 00406-0522-01
DIRECTIONS: TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS
NEEDED . DO NOT EXCEED 4 PER 24 HOURS

GREENE, JOSEPH W
Prescriber NPI: 1356469696
QTY: 28 DAW: 0 DAY SUPPLY: 7
TP REF # 250075940914020999

Total: \$10.00

Total RX: 1

Signature Required: Y

Counsel: Y

Counter Pickup

Walmart
Pharmacy

RD 1131

Pharmacy hours:

Mon: 09:00 AM - 07:00 PM	Tue: 09:00 AM - 07:00 PM
Wed: 09:00 AM - 07:00 PM	Thu: 09:00 AM - 07:00 PM
Fri: 09:00 AM - 07:00 PM	Sat: 09:00 AM - 07:00 PM
Sun: 10:00 AM - 06:00 PM	Lunch Time Varies

BRYAN
BRADLEY, D

1452 W DELAWARE ST

FAIRFIELD, IL 628372322

WAL-MART PHARMACY 10-454

150 COMMERCE DRIVE

FAIRFIELD, IL 62837-0000

NABP: 1464750 NPI: 1013935527

RX: 2254352

Ref = 0

DATE: 01/16/25

Patient Pay: \$10.00

Cash: \$85.62

BIL



79343 84128 7

OC# 255 923 441 076 593 846 107 659 238

PRIORITY: DR CALL IN

NEW

OXYCOD/ACETAM 7.5-325MG TAB M

NDC: 00406-0522-01

DIRECTIONS: TAKE 1 TABLET BY MOUTH EVERY 4 HOURS AS NEEDED

GREENE, JOSEPH W

Prescriber NPI: 1356469696

QTY: 40 DAW: 0 DAY SUPPLY: 7

TP REF # 250163915339022996

Total: \$10.00

Total RX: 4

Signature Required: Y

Counsel: Y

Counter Pickup

HD

Walmart
Pharmacy

GY 811

Pharmacy hours:

Mon: 09:00 AM - 07:00 PM	Tue: 09:00 AM - 07:00 PM
Wed: 09:00 AM - 07:00 PM	Thu: 09:00 AM - 07:00 PM
Fri: 09:00 AM - 07:00 PM	Sat: 09:00 AM - 07:00 PM
Sun: 10:00 AM - 06:00 PM	Lunch Time Varies

BRYAN
BRADLEY, D



1402 W DELAWARE ST

79342 21418 3

FAIRFIELD, IL 628372322

OC# 855 923 441 076 593 730 107 659 238

WAL-MART PHARMACY 10-5417

PRIORITY: IN STORE

175 OUTER LOOP

NEW

LOUISVILLE, KY 40214-0000

NABP: 1829057 NPI: 1083631329

RX: 7615453

Ref = 0

DATE: 01/06/25

Patient Pay: \$10.00

Cash: \$45.64

BIL

TRANEX ACID 650MG TAB AMR

NDC: 69918-0301-30

DIRECTIONS: TAKE 1 TABLET BY MOUTH TWICE DAILY FOR 7 DAYS

GREENE, JOSEPH W

Prescriber NPI: 1356469696

QTY: 14 DAW: 0 DAY SUPPLY: 7

TP REF # 250064493330022999

BRYAN
BRADLEY, D



1402 W DELAWARE ST

79342 21428 6

FAIRFIELD, IL 628372322

OC# 755 923 841 076 593 446 107 659 238

WAL-MART PHARMACY 10-5417

PRIORITY: IN STORE

175 OUTER LOOP

NEW

LOUISVILLE, KY 40214-0000

NABP: 1829057 NPI: 1083631329

RX: 7615454

Ref = 0

DATE: 01/06/25

Patient Pay: \$0.00

Cash: \$11.42

BIL

DOXYCYCLINE HYCLATE 100MG CAP

NDC: 72578-0055-18

DIRECTIONS: TAKE 1 CAPSULE BY MOUTH TWICE DAILY

GREENE, JOSEPH W

Prescriber NPI: 1356469696

QTY: 14 DAW: 0 DAY SUPPLY: 7

TP REF # 250064493869041999

BRYAN
BRADLEY, D



1402 W DELAWARE ST

79342 21421 3

FAIRFIELD, IL 628372322

OC# 855 923 841 076 593 460 107 659 238

WAL-MART PHARMACY 10-5417

PRIORITY: IN STORE

175 OUTER LOOP

NEW

LOUISVILLE, KY 40214-0000

NABP: 1829057 NPI: 1083631329

RX: 7615455

Ref = 1

DATE: 01/06/25

Patient Pay: \$0.00

Cash: \$89.93

BIL

ONDANSETRON 4MG TAB RDY

NDC: 55111-0153-30

DIRECTIONS: TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED

GREENE, JOSEPH W

Prescriber NPI: 1356469696

QTY: 30 DAW: 0 DAY SUPPLY: 8

TP REF # 250064495177043999

Total: \$10.00
Total RX: 4
Signature Required: Y
Counsel: Y
Counter Pickup

HD

Walmart
Pharmacy

GY 811

Pharmacy hours:

Mon: 09:00 AM - 07:00 PM	Tue: 09:00 AM - 07:00 PM
Wed: 09:00 AM - 07:00 PM	Thu: 09:00 AM - 07:00 PM
Fri: 09:00 AM - 07:00 PM	Sat: 09:00 AM - 07:00 PM
Sun: 10:00 AM - 06:00 PM	Lunch Time Varies

BRYAN
BRADLEY, D



1402 W DELAWARE ST
FAIRFIELD, IL 628372322
WAL-MART PHARMACY 10-5417
175 OUTER LOOP
LOUISVILLE, KY 40214-0000
NABP: 1829057 NPI: 1083631329
RX: 7615456 Ref = 0 DATE: 01/06/25
Patient Pay: \$0.00 Cash: \$90.24 BIL

CELECOXIB 200MG CAP ALE NDC: 62332-0142-31
DIRECTIONS: TAKE 1 CAPSULE BY MOUTH ONCE DAILY FOR 30 DAYS

GREENE, JOSEPH W
Prescriber NPI: 1356469696
QTY: 30 DAW: 0 DAY SUPPLY: 30
TP REF # 250064496798011999