



Kroger Pharmacy Marketed Accounts
 PO Box 677575
 Dallas, TX 75267-7575
 855-840-5180

Federal TIN: 48-0196590

Invoice Number	20141018420
Statement Date	11/6/2014
Due Date	Due Upon Receipt
Total Amount Due	\$345.00

Current:	\$345.00
Over 60 days:	\$0.00
Over 90 days:	\$0.00
Over 120+ days:	\$0.00

Plan ID: 4001218

KS FLU CLINIC-FORT COLLINS
 PO BOX 580
 FORT COLLINS, CO, 80522

Please refer to the attached detailed statement for activity included on this billing cycle.

For questions, please contact Kroger Pharmacy Accounts Receivable toll free at 855-840-5180 or email us at rxcustomerservice@kroger.com. Please review your account promptly and advise if payments have been made. Please contact your local Pharmacy if any of the prescriptions listed should have been submitted to other insurance or to Medicaid/Medicare. Allow 2 weeks for payment processing. We appreciate your business!

Please retain the top portion for your records.

Tear along line and return bottom portion with your payment

If payment is not made in full, please send additional detail with remittance.

Plan ID	4001218
Statement Date	11/6/2014
Invoice Number	20141018420
Amount Due	\$345.00
Amount Enclosed	

REMIT PAYMENT TO:
 Kroger Marketed Plans
 Kroger Pharmacy Marketed Accounts
 PO Box 677575
 Dallas, TX 75267-7575

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Federal TIN: 48-0196590

Invoice Number	20141018463
Statement Date	11/6/2014
Due Date	Due Upon Receipt
Total Amount Due	\$11,760.00

Current:	\$11,760.00
Over 60 days:	\$0.00
Over 90 days:	\$0.00
Over 120+ days:	\$0.00

Plan ID: 4001263

KS FLU CLINIC-CITY OF FT COLLINS
 N/A
 N/A
 N/A, NA, N/A

Please refer to the attached detailed statement for activity included on this billing cycle.

For questions, please contact Kroger Pharmacy Accounts Receivable toll free at 855-840-5180 or email us at rxcustomerservice@kroger.com. Please review your account promptly and advise if payments have been made. Please contact your local Pharmacy if any of the prescriptions listed should have been submitted to other insurance or to Medicaid/Medicare. Allow 2 weeks for payment processing. We appreciate your business!

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Plan ID	4001263
Statement Date	11/6/2014
Invoice Number	20141018463
Amount Due	\$11,760.00
Amount Enclosed	

REMIT PAYMENT TO:
 Kroger Marketed Plans
 Kroger Pharmacy Marketed Accounts
 PO Box 677575
 Dallas, TX 75267-7575

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