PKon Pharmacy Management System Screen Print
Hostname:
Store:
Phone:
Date: Fri Dec 8 13:01:39 2017
Station: rx-1
Esc or F2 - Menu

Name: M DOB: Age: Gender:

```
+----- Rx #      12/08/17 -- ADVANCED RX 00000 -----+------ Submitted ---------
|                *** Claim Rejected ***              | Ingred Cost: $   184.51
|  - PLEASE HAVE CUSTOMER CALL CAREMARK AT           |   Gross Due: $   192.51
|  -                                                 |         U&C: $   214.90
|  - REFILLS ARE NOT COVERED                         |------- Payments ---------
|  - 73: Refills Are Not Covered
|  - Authorization Number:
|  - Processor/PBM Help Desk:
|
|
|
```