

Exhibit

NA-47

Government Claims Data File 301- PDE Records

The following patients were never seen by Dr. Neil Anand.

- 1. Lavezzi, Jonathan – Prescribing doctor was Dr. Pavan Anand**
- 2. Robert Jones – Prescribing doctor was Dr. Neil Shah**
- 3. Nam Sung- Per CVS no script under Dr Neil Anand**
- 4. Merle, McGarvey – Per Giant Pharmacist Laura script under a different provider.
Giant Pharmacy Phone # 814-948-9732**
- 5. Margaret Santiago – Zubair Faraoqui was her primary doctor. Phone number 813-252-2770.
Per Juliet, Margaret Santiago was in a Florida Hospital on May 12, 2019. She was seen in the
office on May 16, 2019**
- 6. Richard Schnure – No records of Diclofenac Sodium and Lidocaine dispensed from
Institute of Advanced Medicine and Surgery.**
- 7. The rest of the 17 patients were seen and treated for diabetes by Dr. Rishi Anand.**

Bene_Name	Bene_State	Bene_Birthdate	HST_Bene_State	tot_pd_p ln_govt_bene_of her	Drug_FDB_product_name	Date_Date_of_Service	SC_Contract_name	Pharmacy_name	Prscrbr_Prescriber_ID_Per_PDE	Prescriber_name
JONES, ROBERT	PA	26-Jun-51	PA	167.7	CLONIDINE	20-Sep-18	SILVERSCRIPT INSURANCE COMPANY	JUST HERE PHARMACY	1982626818	Anand, Neil
JONES, ROBERT	PA	26-Jun-51	PA	167.7	CLONIDINE	10-Oct-18	SILVERSCRIPT INSURANCE COMPANY	JUST HERE PHARMACY	1982626818	Anand, Neil
JONES, ROBERT	PA	26-Jun-51	PA	167.7	CLONIDINE	5-Nov-18	SILVERSCRIPT INSURANCE COMPANY	JUST HERE PHARMACY	1982626818	Anand, Neil
JONES, ROBERT	PA	26-Jun-51	PA	167.7	CLONIDINE	28-Nov-18	SILVERSCRIPT INSURANCE COMPANY	JUST HERE PHARMACY	1982626818	Anand, Neil
JONES, ROBERT	PA	26-Jun-51	PA	167.7	CLONIDINE	24-Dec-18	SILVERSCRIPT INSURANCE COMPANY	JUST HERE PHARMACY	1982626818	Anand, Neil

Institute Of Advanced Medicine and Surgery

Neil Anand MD

3554 Hulmeville Rd. Suite 101

Bensalem, Pa 19020

Ph: 2153108087 Fax 215-940-9690

CVS: Prescription Records

Ph: 8002872414 Opt 3,5

Fax#: 401-765-9304

Re: Nam, Sung B

DOB: 9/12/1945

This is to confirm if the script for omeprazole 20 mg for Sung Nam filled on 11/30/2018 and 12/31/2018 and 1/29/2019 at CVS store number 01312 on 1111 N 9th St Stroudsburg, PA, 18360 written by Dr. Neil Anand. If this information is incorrect please provide confirmation that Dr. Neil Anand did not write the script and that it was written by another physician.

Thanks

Maria Costanzo – Office Manager

 — (prescribing Dr's signature)
MD(2268)



Prescription Records Service Center
One CVS Drive
Woonsocket, RI 02895
Mail Code B120

**Private and Confidential
Intended for Addressee Only**

4885957
INSTITUTE FOR ADVANCED MEDICINE AND SURGERY
NEIL ANAND, MD
3554 HULMEVILLE RD, STE 101
BENSALEM PA 19020

08/22/2022

Re :
NAM, SUNG B

In response to your request, a thorough search of our files and databases was completed with the information provided and no such records were located.

If you have questions regarding this report you may contact the Prescription Records Service Center at 1-800-287-2414 or email us at PrescriptionRecordSvcCenter@CVSCaremark.com.

Sincerely,
CVS/pharmacy Prescription Records Service Center

ELECTRONIC RX:

(" " NEW " ")

JUST HERE PHARMACY

3800 N. BROAD STREET, PHILADELPHIA, PA 19140
Phone: (215) 228-3470 Fax: (215) 228-3473

Message Id. : 82818010997472315

Sent Date: 09/20/2018

Sent Time: 13:59

Rx # 243259

Patient Name: JONES, ROBERT

Phone : 215-303-9889

DOB: 08/26/1951

Gender: M

Address: 1717 HUNTING PARK APT. 930, PHILADELPHIA, PA

Prescriber: SHAH, NEIL

Phone: 215-762-2688

SPI: 2366788965002

DEA:

NPI: 1760975536

Address: 219 NORTH BROAD STREET, PHILADELPHIA, PA 19140

Supervisor: GOLDMAN, JESSE (M.D.)

Drug: Clonidine HCl - 0.2 MG/24HR Transdermal Patch
Weekly

Qty: 4

Diag Code 1 : 110

Essential (primary) hypertensi

Refills: 1

Day supply: 28

Rx date: 09/20/2018

Sig: APPLY 1 PATCH WEEKLY AS DIRECTED.

Notes:

**DAW: The prescriptions will be filled generically unless the
prescriber writes "DAW" in the box.**

PRESCRIPTION ELECTRONICALLY SIGNED BY SHAH, NEIL

RXNR: 654040
PATIENT: LAVEZZI, JONATHAN
DOCTOR: ANAND, PAVAN KUMAR
DRUG: DEXA/DIPH/NYSTATIN MOUTHWSH
SCANNED: 07-14-2016

DATE: 07/14/2016
TIME: 10:00 AM
NIMA
Patient Name: Jonathan Lavezzi
DOB: 07/14/2016
B Nystatin
Dexamethasone
Diphtheria
240mg
REFILL: _____ TIMES
LIC: 000000000

FAX

Company: JOHN'S PHARMACY

TO:

Name: NINA

Fax Number: 215-940-9690

Date: 08/19/2022

of Pages: 2
(including cover sheet)

FROM:

Name: MARC C MESADIEU

Contact Number: 239-221-7233

Subject: ORDER FROM 07/15/2016

☒ Urgent

☐ Please Reply

Message:

Fwd: RX 6762485

Neil Anand <cardiacgasman@gmail.com>

Fri 8/26/2022 3:44 PM

To: Nina Anand <ninaanand@hotmail.com>

----- Forwarded message -----

From: Christopher Kovalyak <ckovalyak@carecapitalmanagement.com>

Date: Fri, Aug 26, 2022 at 2:32 PM

Subject: RX 6762485

To: cardiacgasman@gmail.com <cardiacgasman@gmail.com>

To whom it may concern:

RX #6762485 on 08/17/2015 for patient JM for Lactulose syrup, should have been filled under Dr. Sanjeev Anand NOT Dr Neil Anand. This prescription was filled at the DuBois Medicine Shoppe. This email transmission and any attachments may contain confidential or legally privileged information that is intended only for the individual or entity named in the Email address. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or reliance upon the contents of the Email is strictly prohibited, may violate federal law and incur serious penalties, including imprisonment. If you have received this Email transmission in error, please reply to sender so that arrangements can be made for proper delivery, and then please delete the message from your inbox.

Bene_Name	Bene_State	Bene_Birthdate	HST_Bene_Stat	tot_pd_p ln_govt_bene_et her	Drug_FDB_product_name	Date_Date_of_Service	SC_Contract_name	Pharmacy_name	Prscrbr_Prescriber_ID_Per_PD_E	Prescriber_name
ALIBERTO, MARIE	PA	26-Sep-53	PA	3.53	METFORMIN HCL	22-Jun-15	UNITEDHEALTHCARE INS. CO. & UHC INS.	CVS PHARMACY #02880	1982626818	Anand, Neil
ALIBERTO, MARIE	PA	26-Sep-53	PA	3.61	METFORMIN HCL	9-Sep-15	UNITEDHEALTHCARE INS. CO. & UHC INS.	CVS PHARMACY #02880	1982626818	Anand, Neil
ALIBERTO, MARIE	PA	26-Sep-53	PA	332.47	JANUVIA	27-Mar-15	UNITEDHEALTHCARE INS. CO. & UHC INS.	CVS PHARMACY #02880	1982626818	Anand, Neil
AZOFF, CAROL A	PA	17-Feb-39	PA	32.89	LEVOTHYROXINE SODIUM	6-Dec-18	SILVERSCRIPT INSURANCE COMPANY	CVS PHARMACY #02223	1982626818	Anand, Neil
BAUSO, UNA E	NJ	24-Aug-46	NJ	9.75	LEVOTHYROXINE SODIUM	7-Mar-15	HORIZON INSURANCE COMPANY	RITE AID PHARMACY 00833	1982626818	Anand, Neil
BEGUM, AMINA	PA	1-Dec-39	PA	345.06	INVOKANA	19-Jun-15	SILVERSCRIPT INSURANCE COMPANY	CVS PHARMACY #02568	1982626818	Anand, Neil
BROWN, ANDREA E	NJ	1-Sep-65	PA	24.88	NOVOLIN 70-30	8-Sep-15	HUMANA INSURANCE COMPANY	WAL-MART PHARMACY 10-2068	1982626818	Anand, Neil
BROWN, ANDREA E	NJ	1-Sep-65	PA	24.88	NOVOLIN 70-30	29-Sep-15	HUMANA INSURANCE COMPANY	WAL-MART PHARMACY 10-2068	1982626818	Anand, Neil
BROWN, ANDREA E	NJ	1-Sep-65	PA	24.88	NOVOLIN 70-30	21-Oct-15	HUMANA INSURANCE COMPANY	WAL-MART PHARMACY 10-2068	1982626818	Anand, Neil
BROWN, ANDREA E	NJ	1-Sep-65	PA	24.88	NOVOLIN 70-30	22-Nov-15	HUMANA INSURANCE COMPANY	WAL-MART PHARMACY 10-2068	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	30-Jan-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	27-Feb-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	26-Mar-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	22-Apr-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	20-May-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	17-Jun-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	15-Jul-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	47.5	REPAGLINIDE	24-Nov-17	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	47.5	REPAGLINIDE	27-Dec-17	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	50.71	REPAGLINIDE	23-Jan-18	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	43.98	REPAGLINIDE	23-Nov-18	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	43.98	REPAGLINIDE	15-Dec-18	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	22.1	CLICKFINE	30-Mar-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	22.1	CLICKFINE	29-Jun-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	22.1	CLICKFINE	8-Oct-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	22.1	CLICKFINE	12-Feb-16	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	42.52	ULTICARE PEN NEEDLE	11-Jul-16	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	42.52	ULTICARE PEN NEEDLE	6-Dec-16	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	393.4	LEVEMIR FLEXTOUCH	30-Mar-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	393.4	LEVEMIR FLEXTOUCH	1-Jun-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	393.4	LEVEMIR FLEXTOUCH	15-Aug-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	213.84	LEVEMIR FLEXTOUCH	1-Dec-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
COSTANZO, JOSEPHINE E	PA	1-Oct-31	PA	1248.43	TRADJENTA	27-Nov-18	SILVERSCRIPT INSURANCE COMPANY	CVS PHARMACY #02554	1982626818	Anand, Neil
COSTANZO, JOSEPHINE E	PA	1-Oct-31	PA	1319.37	TRADJENTA	16-Feb-19	SILVERSCRIPT INSURANCE COMPANY	CVS PHARMACY #02554	1982626818	Anand, Neil
COSTANZO, JOSEPHINE E	PA	1-Oct-31	PA	440.06	TRADJENTA	20-Jun-19	SILVERSCRIPT INSURANCE COMPANY	CVS PHARMACY #02554	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	37.78	ULTRA-FINE MINI PEN NEED	19-Feb-15	WELLCARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	37.78	ULTRA-FINE MINI PEN NEED	13-Jun-15	WELLCARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	37.78	ULTRA-FINE MINI PEN NEED	21-Jul-15	WELLCARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	37.78	ULTRA-FINE MINI PEN NEED	19-Aug-15	WELLCARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	502.32	BYETTA	13-Mar-15	WELLCARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	360.46	INVOKANA	14-Apr-15	WELLCARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	391.78	LANTUS SOLOSTAR	1-Sep-15	WELLCARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	391.78	LANTUS SOLOSTAR	2-Dec-15	WELLCARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	165.66	APIDRA SOLOSTAR	20-Feb-15	WELLCARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil

Bene_Name	Bene_State	Bene_Birthdate	HST_Bene_State	tot_pd_p In_govt_bene_ot her	Drug_FDB_product_name	Date_Date_of_Service	SC_Contract_name	Pharmacy_name	Prscrbr_Prescriber_ID_Per_PD_E	Prescriber_name
FUENTES, LUMA L	PA	22-Jul-78	PA	83.48	HUMALOG KWIKPEN U-100	14-Mar-15	WELLCARE PRESCRIPTION INSURANCE, INC	GIANT PHARMACY	1982626818	Anand, Neil
KASPERITIS, CARL	PA	28-Dec-42	PA	159.75	REPAGLINIDE	8-Jul-15	SILVERSCRIPT INSURANCE COMPANY	RITE AID PHARMACY 00923	1982626818	Anand, Neil
KASPERITIS, CARL	PA	28-Dec-42	PA	159.75	REPAGLINIDE	2-Oct-15	SILVERSCRIPT INSURANCE COMPANY	RITE AID PHARMACY 00923	1982626818	Anand, Neil
LAROSA, FRANK P	PA	13-Jan-51	PA	198.35	BASAGLAR KWIKPEN U-100	4-Mar-19	SILVERSCRIPT INSURANCE COMPANY	PUBLIX PHARMACY #0336	1982626818	Anand, Neil
LAVEZZI, JONATHAN R	FL	10-May-82	FL	39.83	NYSTATIN	14-Jul-16	MEDCO CONTAINMENT LIFE AND MEDCO	JOHN'S PHARMACY	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	9.36	LISINOPRIL	8-Nov-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	9.36	LISINOPRIL	1-May-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	9.36	LISINOPRIL	11-Aug-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	39.68	PRAVASTATIN SODIUM	27-Jul-16	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	34.2	PRAVASTATIN SODIUM	7-Nov-16	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	22.75	PRAVASTATIN SODIUM	1-Feb-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	28.76	PRAVASTATIN SODIUM	4-May-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	10.2	PRAVASTATIN SODIUM	11-Aug-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	10.2	PRAVASTATIN SODIUM	8-Sep-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	10.2	PRAVASTATIN SODIUM	10-Oct-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	10.2	PRAVASTATIN SODIUM	8-Nov-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	10.2	PRAVASTATIN SODIUM	11-Dec-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	7.3	PRAVASTATIN SODIUM	13-Jan-18	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCSHERRY, MARGARET	PA	10-Dec-48	PA	120.16	ULTRA-FINE NANO PEN NEE	9-Apr-15	MEDCO CONTAINMENT LIFE AND MEDCO	EXPRESS SCRIPTS	1982626818	Anand, Neil
NAM, SUNG B	PA	12-Sep-45	PA	27.37	OMEPRAZOLE	30-Nov-18	ENVISION INSURANCE COMPANY	CVS PHARMACY #01312	1982626818	Anand, Neil
NAM, SUNG B	PA	12-Sep-45	PA	27.37	OMEPRAZOLE	31-Dec-18	ENVISION INSURANCE COMPANY	CVS PHARMACY #01312	1982626818	Anand, Neil
NAM, SUNG B	PA	12-Sep-45	PA	14.74	OMEPRAZOLE	29-Jan-19	ENVISION INSURANCE COMPANY	CVS PHARMACY #01312	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	2.76	FLUCONAZOLE	20-Jul-15	UNITEDHEALTHCARE INSURANCE COMPAN	CVS PHARMACY #07863	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	2.76	FLUCONAZOLE	24-Jul-15	UNITEDHEALTHCARE INSURANCE COMPAN	CVS PHARMACY #07863	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	3.76	METFORMIN HCL	4-Jun-15	UNITEDHEALTHCARE INSURANCE COMPAN	CVS PHARMACY #07863	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	477.52	BYDUREON PEN	5-Jun-15	UNITEDHEALTHCARE INSURANCE COMPAN	CVS PHARMACY #07863	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	510.89	BYDUREON PEN	1-Jul-15	UNITEDHEALTHCARE INSURANCE COMPAN	CVS PHARMACY #07863	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	510.54	BYDUREON PEN	3-Aug-15	LIMITED INCOME NET PROGRAM	CVS PHARMACY #07863	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	344.66	JARDIANCE	8-Jun-15	UNITEDHEALTHCARE INSURANCE COMPAN	CVS PHARMACY #07863	1982626818	Anand, Neil
PEKARSKI, KALINA M	PA	3-Feb-74	PA	13.43	ACARBOSE	12-Sep-16	CIGNA HEALTH AND LIFE INSURANCE COM	RITE AID PHARMACY 02267	1982626818	Anand, Neil
PEKARSKI, KALINA M	PA	3-Feb-74	PA	13.43	ACARBOSE	11-Oct-16	CIGNA HEALTH AND LIFE INSURANCE COM	RITE AID PHARMACY 02267	1982626818	Anand, Neil
PEKARSKI, KALINA M	PA	3-Feb-74	PA	13.43	ACARBOSE	11-Nov-16	CIGNA HEALTH AND LIFE INSURANCE COM	RITE AID PHARMACY 02267	1982626818	Anand, Neil
PEKARSKI, KALINA M	PA	3-Feb-74	PA	13.43	ACARBOSE	9-Dec-16	CIGNA HEALTH AND LIFE INSURANCE COM	RITE AID PHARMACY 02267	1982626818	Anand, Neil
PONE, JANE E	PA	11-Nov-44	PA	216.11	NOVOLOG FLEXPEN	25-May-16	HIGHMARK SENIOR HEALTH COMPANY	RITE AID PHARMACY 02267	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2406.74	FORTEO	10-May-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2644.88	FORTEO	8-Jun-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2644.88	FORTEO	6-Jul-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2644.88	FORTEO	5-Aug-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 07727	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2644.88	FORTEO	2-Sep-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2644.88	FORTEO	28-Sep-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2644.88	FORTEO	25-Oct-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	1006.66	PROLIA	29-Nov-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
SANTIAGO, MARGARET	FL	22-Feb-36	FL	32	ENALAPRIL MALEATE	20-May-19	CAREPLUS HEALTH PLANS, INC.	WALGREENS	1982626818	Anand, Neil

Bene_Name	Bene_State	Bene_Birthdate	HST_Bene_State	tot_pd_p in_govt_bene_of her	Drug_FDB_product_name	Date_Date_of_Service	SC_Contract_name	Pharmacy_name	Prscrbr_Prescriber_ID_Per_PD_E	Prescriber_name
SANTIAGO, MARGARET	FL	22-Feb-36	FL	3.12	METOPROLOL TARTRATE	28-Mar-19	CAREPLUS HEALTH PLANS, INC.	ROYAL RX PHARMACY INC	1982626818	Anand, Neil
SCHNURE, RICHARD A	PA	1-Dec-37	PA	111.7	DICLOFENAC SODIUM	3-Jul-17	KEYSTONE HEALTH PLAN EAST, INC.	INSTITUTE OF ADVANCED MEDICIN	1982626818	Anand, Neil
SCHNURE, RICHARD A	PA	1-Dec-37	PA	148.04	LIDOCAINE	3-Jul-17	KEYSTONE HEALTH PLAN EAST, INC.	INSTITUTE OF ADVANCED MEDICIN	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	37.26	ULTRA-FINE SHORT PEN NEE	11-Dec-15	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	37.26	ULTRA-FINE SHORT PEN NEE	14-Mar-16	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	37.26	ULTRA-FINE SHORT PEN NEE	18-Jun-16	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	344.26	LANTUS SOLOSTAR	11-Dec-15	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	381.51	LANTUS SOLOSTAR	28-Jan-16	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	381.51	LANTUS SOLOSTAR	10-Apr-16	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	303.81	LANTUS SOLOSTAR	19-May-16	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil

303- Anand Prescribe at ANY PHARMACY

T.DUE	A	PROD NM	CAL DAY DT	CARRIER ID	BR LAST	NBR FIRST	PHR NM	HR ST	PHR ID	PHR NPI	PBR NPI	R LAST	R FIRST
\$942.84		NOVOLOG FLEXPEN	Jan 13, 2016	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$331.71		LANTUS SOLOSTAR	Jan 13, 2016	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Jun 18, 2016	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Jul 11, 2016	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Aug 8, 2016	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Sep 6, 2016	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Oct 7, 2016	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.31		METFORMIN HCL	Dec 13, 2016	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Jan 5, 2017	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Feb 5, 2017	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$13.47		ACCU-CHEK SOFTCLIX LANCE	Feb 23, 2017	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$25.31		ACCU-CHEK AVIVA PLUS	Feb 23, 2017	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Mar 7, 2017	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Apr 22, 2017	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Jun 11, 2017	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Jul 4, 2017	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Aug 18, 2017	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$86.18		ACCU-CHEK AVIVA PLUS	Feb 18, 2018	IBCF OCCOM	BASISTA	SUSAN	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$69.32		BAYER CONTOUR NEXT BLOO	Nov 25, 2015	IBCMEDD	BOYER	MARION	MATS PHARMACY	PA	3963394	1043215106	1982626818	ANAND	NEIL
\$69.32		BAYER CONTOUR NEXT BLOO	Dec 22, 2015	IBCMEDD	BOYER	MARION	MATS PHARMACY	PA	3963394	1043215106	1982626818	ANAND	NEIL
\$22.28		LEVEMIR FLEXTOUCH	Dec 1, 2015	IBCMEDD	CARBALLO	CARMEN	YORKE PHARMACY	PA	3962811	1487752309	1982626818	ANAND	NEIL
\$0.00		CLICKFINE PEN NEEDLE 32GX	Feb 12, 2016	IBCMEDD	CARBALLO	CARMEN	YORKE PHARMACY	PA	3962811	1487752309	1982626818	ANAND	NEIL
\$0.00		ULTICARE MICRO PEN NEEDLE	Jul 11, 2016	IBCMEDD	CARBALLO	CARMEN	YORKE PHARMACY	PA	3962811	1487752309	1982626818	ANAND	NEIL
\$17.86		ULTICARE MICRO PEN NEEDLE	Dec 6, 2016	IBCMEDD	CARBALLO	CARMEN	YORKE PHARMACY	PA	3962811	1487752309	1982626818	ANAND	NEIL
\$975.78		NOVOLOG FLEXPEN	Feb 2, 2019	IBCF OCHCR	GLENN	HARVEY	SAV-ON PHARMACY #0779 077	PA	3976353	1598712952	1982626818	ANAND	NEIL
\$1,100.78		NOVOLOG FLEXPEN	Feb 24, 2019	IBCF OCHCR	GLENN	HARVEY	SAV-ON PHARMACY #0779 077	PA	3976353	1598712952	1982626818	ANAND	NEIL
\$975.78		NOVOLOG FLEXPEN	Dec 26, 2018	IBCF OCHCR	GLENN	HARVEY	SAVON PHARMACY 7779	PA	3976353	1598712952	1982626818	ANAND	NEIL
\$475.19		BYDUREON PEN	Dec 4, 2015	IBCF OCCOM	GRIFFITHS	CORY	CVS PHARMACY 01281	PA	3962897	1154425908	1982626818	ANAND	NEIL
\$475.19		BYDUREON PEN	Dec 31, 2015	IBCF OCCOM	GRIFFITHS	CORY	CVS PHARMACY 01281	PA	3962897	1154425908	1982626818	ANAND	NEIL
\$516.68		BYDUREON PEN	Feb 3, 2016	IBCF OCCOM	GRIFFITHS	CORY	CVS PHARMACY 01281	PA	3962897	1154425908	1982626818	ANAND	NEIL
\$516.68		BYDUREON PEN	Mar 11, 2016	IBCF OCCOM	GRIFFITHS	CORY	CVS PHARMACY 01281	PA	3962897	1154425908	1982626818	ANAND	NEIL
\$576.55		BYDUREON PEN	Feb 20, 2017	IBCF OCCOM	GRIFFITHS	CORY	CVS PHARMACY 01281	PA	3962897	1154425908	1982626818	ANAND	NEIL
\$576.55		BYDUREON PEN	Mar 24, 2017	IBCF OCCOM	GRIFFITHS	CORY	CVS PHARMACY 01281	PA	3962897	1154425908	1982626818	ANAND	NEIL
\$576.55		BYDUREON PEN	Apr 24, 2017	IBCF OCCOM	GRIFFITHS	CORY	CVS PHARMACY 01281	PA	3962897	1154425908	1982626818	ANAND	NEIL
\$576.55		BYDUREON PEN	Jun 3, 2017	IBCF OCCOM	GRIFFITHS	CORY	CVS PHARMACY 01281	PA	3962897	1154425908	1982626818	ANAND	NEIL
\$576.55		BYDUREON PEN	Jul 1, 2017	IBCF OCCOM	GRIFFITHS	CORY	CVS PHARMACY 01281	PA	3962897	1154425908	1982626818	ANAND	NEIL
\$579.54		BYDUREON PEN	Sep 12, 2017	IBCF OCCOM	GRIFFITHS	CORY	CVS PHARMACY 01281	PA	3962897	1154425908	1982626818	ANAND	NEIL
\$0.00		METFORMIN HCL	Mar 16, 2016	IBCF OCCOM	GUZMAN	AMANDA	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$321.83		FARXIGA	Mar 16, 2016	IBCF OCCOM	GUZMAN	AMANDA	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$47.50		REPAGLINIDE	Mar 16, 2016	IBCF OCCOM	GUZMAN	AMANDA	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$526.68		BYDUREON PEN	Mar 16, 2016	IBCF OCCOM	GUZMAN	AMANDA	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$526.68		BYDUREON PEN	Apr 27, 2016	IBCF OCCOM	GUZMAN	AMANDA	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$526.68		BYDUREON PEN	Jun 9, 2016	IBCF OCCOM	GUZMAN	AMANDA	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$11.14		REPAGLINIDE	Jul 6, 2016	IBCF OCCOM	GUZMAN	AMANDA	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$11.14		REPAGLINIDE	Sep 5, 2016	IBCF OCCOM	GUZMAN	AMANDA	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$361.07		LEVEMIR FLEXTOUCH	Jan 14, 2017	IBCF OCCOM	GUZMAN	AMANDA	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$578.16		BYDUREON PEN	Feb 12, 2017	IBCF OCCOM	GUZMAN	AMANDA	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$3.23		REPAGLINIDE	Feb 17, 2017	IBCF OCCOM	GUZMAN	AMANDA	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$361.07		LEVEMIR FLEXTOUCH	Feb 17, 2017	IBCF OCCOM	GUZMAN	AMANDA	WALGREENS #2014 2014	PA	3984463	1982619888	1982626818	ANAND	NEIL
\$60.19		REPAGLINIDE	Nov 1, 2018	IBCF OCCOM	MACKINS	ASHA	RITE AID PHARMACY 01956 01	PA	3955222	1932298684	1982626818	ANAND	NEIL
\$60.19		REPAGLINIDE	Dec 22, 2018	IBCF OCCOM	MACKINS	ASHA	RITE AID PHARMACY 01956 01	PA	3955222	1932298684	1982626818	ANAND	NEIL
\$82.40		REPAGLINIDE	Jan 18, 2019	IBCF OCCOM	MACKINS	ASHA	RITE AID PHARMACY 01956 01	PA	3955222	1932298684	1982626818	ANAND	NEIL

303- Anand Prescribe at ANY PHARMACY

T. DUE A	PROD NM	CAL DAY DT	CARRIER ID	BR LAST	NBR FIRST	PHR NM	HR ST	PHR ID	PHR NPI	PBR NPI	R LAST	R FIRST
\$82.35	REPAGLINIDE	Feb 15, 2019	IBCF OCCOM	MACKINS	ASHA	RITE AID PHARMACY 01956 01	PA	3955222	1932298684	1982626818	ANAND	NEIL
\$15.74	BAYER CONTOUR NEXT BLOO	Sep 13, 2016	IBCMEDD	MEDINA	LUZ	CVS PHARMACY 02880	PA	3979777	1770687568	1982626818	ANAND	NEIL
\$282.88	OXYCONTIN	Nov 4, 2016	AHA	QUINN	JOHN	CVS PHARMACY 01122	PA	3965196	1386742997	1982626818	ANAND	NEIL
\$132.44	ACETAMINOPHEN/CAFFEINE/D	Nov 4, 2016	AHA	QUINN	JOHN	INSTITUTE OF ADVANCED ME	PA	6002719	1588048458	1982626818	ANAND	NEIL
\$527.90	ESZOPICLONE	Nov 4, 2016	AHA	QUINN	JOHN	INSTITUTE OF ADVANCED ME	PA	6002719	1588048458	1982626818	ANAND	NEIL
\$58.76	CYCLOBENZAPRINE HCL	Nov 4, 2016	AHA	QUINN	JOHN	INSTITUTE OF ADVANCED ME	PA	6002719	1588048458	1982626818	ANAND	NEIL
\$243.13	FENOPROFEN CALCIUM	Nov 4, 2016	AHA	QUINN	JOHN	INSTITUTE OF ADVANCED ME	PA	6002719	1588048458	1982626818	ANAND	NEIL
\$222.75	DICLOFENAC SODIUM	Nov 4, 2016	AHA	QUINN	JOHN	INSTITUTE OF ADVANCED ME	PA	6002719	1588048458	1982626818	ANAND	NEIL
\$578.68	LIDOCAINE	Nov 4, 2016	AHA	QUINN	JOHN	INSTITUTE OF ADVANCED ME	PA	6002719	1588048458	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Feb 27, 2017	IBCF OCCOM	REASON	LATANYA	RITE AID PHARMACY 11100 11	PA	3956046	1821197088	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Apr 8, 2017	IBCF OCCOM	REASON	LATANYA	RITE AID PHARMACY 11100 11	PA	3956046	1821197088	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	May 5, 2017	IBCF OCCOM	REASON	LATANYA	RITE AID PHARMACY 11100 11	PA	3956046	1821197088	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Jun 1, 2017	IBCF OCCOM	REASON	LATANYA	RITE AID PHARMACY 11100 11	PA	3956046	1821197088	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Jul 5, 2017	IBCF OCCOM	REASON	LATANYA	RITE AID PHARMACY 11100 11	PA	3956046	1821197088	1982626818	ANAND	NEIL
\$137.24	ALOGLIPTIN	Jan 10, 2019	IBCF OCHCR	RIFKIN	HERBERT	SHOPRITE PHARMACY 561	PA	3953848	1861507642	1982626818	ANAND	NEIL
\$137.24	ALOGLIPTIN	Feb 13, 2019	IBCF OCHCR	RIFKIN	HERBERT	SHOPRITE PHARMACY 561	PA	3953848	1861507642	1982626818	ANAND	NEIL
\$137.24	ALOGLIPTIN	Mar 9, 2019	IBCF OCHCR	RIFKIN	HERBERT	SHOPRITE PHARMACY 561	PA	3953848	1861507642	1982626818	ANAND	NEIL
\$137.24	ALOGLIPTIN	Apr 16, 2019	IBCF OCHCR	RIFKIN	HERBERT	SHOPRITE PHARMACY 561	PA	3953848	1861507642	1982626818	ANAND	NEIL
\$137.24	ALOGLIPTIN	May 19, 2019	IBCF OCHCR	RIFKIN	HERBERT	SHOPRITE PHARMACY 561	PA	3953848	1861507642	1982626818	ANAND	NEIL
\$137.24	ALOGLIPTIN	Jul 2, 2019	IBCF OCHCR	RIFKIN	HERBERT	SHOPRITE PHARMACY 561	PA	3953848	1861507642	1982626818	ANAND	NEIL
\$102.28	BAYER CONTOUR NEXT BLOO	Jul 11, 2016	IBCMEDD	RYGALSKI	MARY	RITE AID PHARMACY 02267 02	PA	3957303	1740379494	1982626818	ANAND	NEIL
\$102.28	BAYER CONTOUR NEXT BLOO	Aug 18, 2016	IBCMEDD	RYGALSKI	MARY	RITE AID PHARMACY 02267 02	PA	3957303	1740379494	1982626818	ANAND	NEIL
\$102.28	BAYER CONTOUR NEXT BLOO	Sep 26, 2016	IBCMEDD	RYGALSKI	MARY	RITE AID PHARMACY 02267 02	PA	3957303	1740379494	1982626818	ANAND	NEIL
\$98.42	BAYER CONTOUR NEXT BLOO	Nov 8, 2016	IBCMEDD	RYGALSKI	MARY	RITE AID PHARMACY 02267 02	PA	3957303	1740379494	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Apr 7, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Apr 7, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	May 2, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	May 2, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	May 25, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	May 25, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Jun 21, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Jun 21, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Jul 14, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Jul 14, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Aug 7, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Aug 8, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$0.00	LEVOTHYROXINE SODIUM	Aug 31, 2017	IBCF OCCOM	SIMPSON	KELLY	RITE AID PHARMACY 11110 11	PA	3972571	1689775496	1982626818	ANAND	NEIL
\$265.73	LANTUS SOLOSTAR	Dec 11, 2015	IBCMEDD	TERMYNA	JOSEPH	RITE AID PHARMACY 02267 02	PA	3957303	1740379494	1982626818	ANAND	NEIL
\$13.04	BD PEN NEEDLES SHORT/ULT	Dec 11, 2015	IBCMEDD	TERMYNA	JOSEPH	RITE AID PHARMACY 02267 02	PA	3957303	1740379494	1982626818	ANAND	NEIL
\$336.51	LANTUS SOLOSTAR	Jan 28, 2016	IBCMEDD	TERMYNA	JOSEPH	RITE AID PHARMACY 02267 02	PA	3957303	1740379494	1982626818	ANAND	NEIL
\$0.00	BD PEN NEEDLES SHORT/ULT	Mar 14, 2016	IBCMEDD	TERMYNA	JOSEPH	RITE AID PHARMACY 02267 02	PA	3957303	1740379494	1982626818	ANAND	NEIL
\$336.51	LANTUS SOLOSTAR	Apr 10, 2016	IBCMEDD	TERMYNA	JOSEPH	RITE AID PHARMACY 02267 02	PA	3957303	1740379494	1982626818	ANAND	NEIL
\$181.76	LANTUS SOLOSTAR	May 19, 2016	IBCMEDD	TERMYNA	JOSEPH	RITE AID PHARMACY 02267 02	PA	3957303	1740379494	1982626818	ANAND	NEIL
\$15.65	BD PEN NEEDLES SHORT/ULT	Jun 18, 2016	IBCMEDD	TERMYNA	JOSEPH	RITE AID PHARMACY 02267 02	PA	3957303	1740379494	1982626818	ANAND	NEIL
\$316.97	FARXIGA	Jun 13, 2016	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$316.97	FARXIGA	Jul 13, 2016	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$316.97	FARXIGA	Aug 9, 2016	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$316.97	FARXIGA	Sep 6, 2016	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$339.42	FARXIGA	Oct 3, 2016	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$339.42	FARXIGA	Nov 2, 2016	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$339.42	FARXIGA	Dec 1, 2016	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$339.42	FARXIGA	Dec 30, 2016	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL

303- Anand Prescribe at ANY PHARMACY

T DUE A	PROD NM	CAL DAY DT	CARRIER ID	BR LAST	NBR FIRST I	PHR NM	HR ST	PHR ID	PHR NPI	PBR NPI	R LAST	R FIRST
\$363.99	FARXIGA	Feb 1, 2017	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$363.99	FARXIGA	Feb 28, 2017	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$363.99	FARXIGA	Mar 29, 2017	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$363.99	FARXIGA	Apr 29, 2017	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$363.99	FARXIGA	May 28, 2017	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$363.99	FARXIGA	Jun 28, 2017	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$363.99	FARXIGA	Aug 1, 2017	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$363.99	FARXIGA	Sep 1, 2017	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$363.99	FARXIGA	May 9, 2018	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL
\$363.99	FARXIGA	Jun 6, 2018	IBCF OCCOM	VALIN	MARY	WALGREENS #4214 4214	PA	3982368	1043225931	1982626818	ANAND	NEIL

304 - Frederick Glasgow Claims - Different Doctors

MEMBER_ LAST_NAME	MEMBER_ FIRST_NAME	MEMBER_ ADDRESS	NDC_LABEL_NAME	CLAIM_STAT US_DESCRIPTION	FILLED_DATE	PHARMACY_NAME	PHARMACY_ADDRES S	PRESCRIBER_L AST_NAME	PRESCRIBER_FI RST_NAME	APPROVED_A MOUNT_PAID
GLASGOW	FREDERICK	1 JAMES ST	IBUPROFEN	TA Paid Status	2/5/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M BELLETIERI	CHRISTOPHER	0.25
GLASGOW	FREDERICK	1 JAMES ST	IBUPROFEN	TA Paid Status	3/31/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M BELLETIERI	CHRISTOPHER	0.25
GLASGOW	FREDERICK	1 JAMES ST	OXYCOD/APAP	Rejected Stat	5/16/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M BELLETIERI	CHRISTOPHER	2.06
GLASGOW	FREDERICK	1 JAMES ST	OXYCOD/APAP	Rejected Stat	4/15/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M BELLETIERI	CHRISTOPHER	1.24
GLASGOW	FREDERICK	1 JAMES ST	OXYCOD/APAP	Paid Status	4/25/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M BELLETIERI	CHRISTOPHER	1.24
GLASGOW	FREDERICK	1 JAMES ST	OXYCOD/APAP	Rejected Stat	4/15/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M BELLETIERI	CHRISTOPHER	1.24
GLASGOW	FREDERICK	1 JAMES ST	TRAMADOL HCL	Paid Status	3/18/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M BELLETIERI	CHRISTOPHER	0.23
GLASGOW	FREDERICK	1 JAMES ST	TRAMADOL HCL	Paid Status	3/31/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M BELLETIERI	CHRISTOPHER	0.23
GLASGOW	FREDERICK	1 JAMES ST	TRAMADOL HCL	Paid Status	3/9/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M BELLETIERI	CHRISTOPHER	0.19
GLASGOW	FREDERICK	1 JAMES ST	OXYCOD/APAP	Rejected Stat	5/5/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M FISCHER	MICHAEL	0.38
GLASGOW	FREDERICK	1 JAMES ST	TRAMADOL HCL	Rejected Stat	4/8/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M FISCHER	MICHAEL	0.23
GLASGOW	FREDERICK	1 JAMES ST	TRAMADOL HCL	Rejected Stat	4/8/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M FISCHER	MICHAEL	0.23
GLASGOW	FREDERICK	1 JAMES ST	LIDOCAINE	PAI Paid Status	5/15/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M LAVERDURE	KELLY	119
GLASGOW	FREDERICK	1 JAMES ST	DUMMY OVERRI	Rejected Stat	5/15/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M LAVERDURE	KELLY	0.45
GLASGOW	FREDERICK	1 JAMES ST	DUMMY OVERRI	Rejected Stat	5/15/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M LAVERDURE	KELLY	0.45
GLASGOW	FREDERICK	1 JAMES ST	CYCLOBENZAPR	Paid Status	5/15/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M LAVERDURE	KELLY	0.3
GLASGOW	FREDERICK	1 JAMES ST	NICODERM CQ	I Rejected Stat	5/15/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M LAVERDURE	KELLY	26.29
GLASGOW	FREDERICK	1 JAMES ST	BUPROPION HCL	T Paid Status	5/15/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M LAVERDURE	KELLY	2.95
GLASGOW	FREDERICK	1 JAMES ST	NICOTINE TD	DI Paid Status	5/16/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M LAVERDURE	KELLY	25.39
GLASGOW	FREDERICK	1 JAMES ST	NICOTINE TD	DI Reversal Stat	5/15/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M LAVERDURE	KELLY	-25.39
GLASGOW	FREDERICK	1 JAMES ST	NICOTINE TD	DI Paid Status	5/15/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M LAVERDURE	KELLY	25.39
GLASGOW	FREDERICK	1 JAMES ST	MELOXICAM	T. Paid Status	3/7/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M MADNANI	SANJAY	0.37
GLASGOW	FREDERICK	1 JAMES ST	TIZANIDINE	TAI Paid Status	4/1/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M MADNANI	SANJAY	0.32
GLASGOW	FREDERICK	1 JAMES ST	TIZANIDINE	TAI Paid Status	3/7/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M MADNANI	SANJAY	0.32
GLASGOW	FREDERICK	1 JAMES ST	MORPHINE SUL	Rejected Stat	9/4/2018	RITE AID PHARMACY	11 96 NORTH FLOWERS	M MAKAROVA	VIKTORIYA	5.49
GLASGOW	FREDERICK	1 JAMES ST	OXYCODONE	T Rejected Stat	11/27/2018	RITE AID PHARMACY	11 96 NORTH FLOWERS	M MAKAROVA	VIKTORIYA	13.56
GLASGOW	FREDERICK	1 JAMES ST	OXYCODONE	T Paid Status	10/5/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M MCGREGOR	DEBORAH	21.56
GLASGOW	FREDERICK	1 JAMES ST	LIDOCAINE	OIN Paid Status	4/19/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	199.99
GLASGOW	FREDERICK	1 JAMES ST	LIDOCAINE	OIN Reversal Stat	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	-201.8
GLASGOW	FREDERICK	1 JAMES ST	LIDOCAINE	OIN Paid Status	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	201.8
GLASGOW	FREDERICK	1 JAMES ST	FENOPROFEN	C Paid Status	12/28/2016	BUCKS COUNTY SPINE &	501 BATH RD STE 210	MCGREGOR	DEBORAH	275.06
GLASGOW	FREDERICK	1 JAMES ST	DICLOFENAC	SC Reversal Stat	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	-216
GLASGOW	FREDERICK	1 JAMES ST	DICLOFENAC	SC Paid Status	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	216
GLASGOW	FREDERICK	1 JAMES ST	TRAMADOL HCL	Paid Status	4/19/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	193.95

304 - Frederick Glasgow Claims - Different Doctors

MEMBER_ LAST_NAME	MEMBER_ FIRST_NAME	MEMBER_ ADDRESS	NDC_LABEL_NAME	CLAIM_STAT US_DESCRIPTION	FILLED_DATE	PHARMACY_NAME	PHARMACY_ADDRES S	PRESCRIBER_L AST_NAME	PRESCRIBER_FI RST_NAME	APPROVED_A MOUNT_PAID
GLASGOW	FREDERICK	1 JAMES ST	TRAMADOL HCL	Paid Status	12/28/2016	BUCKS COUNTY SPINE &	501 BATH RD STE 210	MCGREGOR	DEBORAH	221.76
GLASGOW	FREDERICK	1 JAMES ST	DICLOFENAC	SC Paid Status	4/19/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	217
GLASGOW	FREDERICK	1 JAMES ST	OXYCODONE	T Rejected Stat	12/28/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	MCGREGOR	DEBORAH	14.4
GLASGOW	FREDERICK	1 JAMES ST	ALLZITAL	TAB Rejected Stat	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	1046.16
GLASGOW	FREDERICK	1 JAMES ST	APAP-CAFFEIN C	Rejected Stat	12/28/2016	BUCKS COUNTY SPINE &	501 BATH RD STE 210	MCGREGOR	DEBORAH	241.42
GLASGOW	FREDERICK	1 JAMES ST	APAP-CAFFEIN C	Rejected Stat	12/28/2016	BUCKS COUNTY SPINE &	501 BATH RD STE 210	MCGREGOR	DEBORAH	323.06
GLASGOW	FREDERICK	1 JAMES ST	APAP-CAFFEIN C	Rejected Stat	12/28/2016	BUCKS COUNTY SPINE &	501 BATH RD STE 210	MCGREGOR	DEBORAH	323.06
GLASGOW	FREDERICK	1 JAMES ST	NAPROXEN SOD	Paid Status	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	1035
GLASGOW	FREDERICK	1 JAMES ST	NAPROXEN SOD	Reversal Stat	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	-1035
GLASGOW	FREDERICK	1 JAMES ST	LIDOCAINE	OIN Paid Status	12/28/2016	BUCKS COUNTY SPINE &	501 BATH RD STE 210	MCGREGOR	DEBORAH	580.3
GLASGOW	FREDERICK	1 JAMES ST	CYCLOBENZAPR	Paid Status	12/28/2016	BUCKS COUNTY SPINE &	501 BATH RD STE 210	MCGREGOR	DEBORAH	382.38
GLASGOW	FREDERICK	1 JAMES ST	OXYCODONE	T Rejected Stat	9/7/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	MCGREGOR	DEBORAH	11.4
GLASGOW	FREDERICK	1 JAMES ST	OXYCODONE	T Rejected Stat	9/7/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	MCGREGOR	DEBORAH	11.4
GLASGOW	FREDERICK	1 JAMES ST	NALFON	CAP Reversal Stat	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	-266.67
GLASGOW	FREDERICK	1 JAMES ST	NALFON	CAP Paid Status	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	266.67
GLASGOW	FREDERICK	1 JAMES ST	DICLOFENAC	GI Reversal Stat	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	-318.9
GLASGOW	FREDERICK	1 JAMES ST	DICLOFENAC	GI Paid Status	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	318.9
GLASGOW	FREDERICK	1 JAMES ST	DICLOFENAC	GI Paid Status	12/28/2016	BUCKS COUNTY SPINE &	501 BATH RD STE 210	MCGREGOR	DEBORAH	526.75
GLASGOW	FREDERICK	1 JAMES ST	TEMAZEPAM	C Paid Status	4/19/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	119.14
GLASGOW	FREDERICK	1 JAMES ST	CYCLOBENZAPR	Reversal Stat	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	-321.84
GLASGOW	FREDERICK	1 JAMES ST	CYCLOBENZAPR	Paid Status	4/19/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	322.84
GLASGOW	FREDERICK	1 JAMES ST	CYCLOBENZAPR	Paid Status	5/16/2017	ANAND MEDICAL INVES	5000 FRANKFORD AVE	MCGREGOR	DEBORAH	321.84
GLASGOW	FREDERICK	1 JAMES ST	METHYLPRED	T Paid Status	1/22/2016	RITE AID PHARMACY	01 6912 NEW FALLS ROA	MCLEAN	MATTHEW	12.64
GLASGOW	FREDERICK	1 JAMES ST	METHYLPRED	T Paid Status	1/22/2016	RITE AID PHARMACY	01 6912 NEW FALLS ROA	MCLEAN	MATTHEW	3.16
GLASGOW	FREDERICK	1 JAMES ST	TRAMADOL HCL	Paid Status	1/22/2016	RITE AID PHARMACY	01 6912 NEW FALLS ROA	MCLEAN	MATTHEW	0.25
GLASGOW	FREDERICK	1 JAMES ST	TRAMADOL HCL	Rejected Stat	3/25/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M SHAH	NIRAV	0.15
GLASGOW	FREDERICK	1 JAMES ST	TRAMADOL HCL	Rejected Stat	3/25/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M SHAH	NIRAV	0.15
GLASGOW	FREDERICK	1 JAMES ST	TRAMADOL HCL	Rejected Stat	3/25/2016	RITE AID PHARMACY	11 96 NORTH FLOWERS	M SHAH	NIRAV	0.15

total

5250.79

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

									Pharmacy State				Amount
Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Paid to Pharmacy
IBCMEDD	BRENNAN	BARBARA	PA	DULOXETINE HCL	20151102	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		227.00
IBCMEDD	BRENNAN	BARBARA	PA	CELECOXIB	20151102	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		218.86
IBCMEDD	BRENNAN	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20151102	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		203.11
IBCMEDD	HOUSE JR	JOHN	PA	DULOXETINE HCL	20151109	6002719	1588048458	6002719	MD422681	5735 RIDGE SOCCIO	SOCCIO PAUL		115.93
IBCMEDD	HOUSE JR	JOHN	PA	DULOXETINE HCL	20151109	6002719	1588048458	6002719	MD422681	5735 RIDGE SOCCIO	SOCCIO PAUL		115.93
IBCMEDD	HOUSE JR	JOHN	PA	DULOXETINE HCL	20151109	6002719	1588048458	6002719	MD422681	5735 RIDGE SOCCIO	SOCCIO PAUL		115.93
IBCMEDD	HOUSE JR	JOHN	PA	DULOXETINE HCL	20151109	6002719	1588048458	6002719	MD422681	5735 RIDGE SOCCIO	SOCCIO PAUL		115.93
IBCMEDD	HOUSE JR	JOHN	PA	DULOXETINE HCL	20151109	6002719	1588048458	6002719	MD422681	5735 RIDGE SOCCIO	SOCCIO PAUL		115.93
IBCMEDD	SCOTT	LYNN	PA	DULOXETINE HCL	20151116	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		115.93
IBCMEDD	SCOTT	MICHAEL	PA	DULOXETINE HCL	20151116	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		115.93
IBCMEDD	SCOTT	MICHAEL	PA	DULOXETINE HCL	20151116	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		0.00
IBCMEDD	BRENNAN	BARBARA	PA	DULOXETINE HCL	20151130	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		321.22
IBCMEDD	BRENNAN	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20151130	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		203.11
IBCMEDD	BRENNAN	BARBARA	PA	CELECOXIB	20151130	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		218.86
IBCMEDD	SCOTT	LYNN	PA	DULOXETINE HCL	20151214	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		115.93
IBCMEDD	SCOTT	MICHAEL	PA	DULOXETINE HCL	20151214	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		115.93
IBCMEDD	BROMMER	JOYCE	PA	DULOXETINE HCL	20151221	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		272.18
IBCMEDD	BROMMER	JOYCE	PA	ACETAMINOPHEN/CAFFEIN	20151221	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		74.59
IBCMEDD	BROMMER	JOYCE	PA	CELECOXIB	20151221	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		80.10
IBCMEDD	BRENNAN	BARBARA	PA	DULOXETINE HCL	20160104	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		319.22
IBCMEDD	BRENNAN	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20160104	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		201.11
IBCMEDD	BRENNAN	BARBARA	PA	CELECOXIB	20160104	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		160.01
IBCMEDD	HOUSE JR	JOHN	PA	DULOXETINE HCL	20160104	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		323.22
IBCMEDD	HOUSE JR	JOHN	PA	ESZOPICLONE	20160104	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		238.35
IBCMEDD	HOUSE JR	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20160104	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		205.11
HSPRING	STEWART	RONALD	PA	ACETAMINOPHEN/CAFFEIN	20160118	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		228.78
MRCRMX	DAVIS	TONIA	PA	ACETAMINOPHEN/CAFFEIN	20160118	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		236.42
MRCRMX	DAVIS	TONIA	PA	FENOPROFEN CALCIUM	20160118	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		217.13
MRCRMX	DAVIS	TONIA	PA	CYCLOBENZAPRINE HCL	20160118	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		360.01
MRCRMX	DAVIS	TONIA	PA	DICLOFENAC SODIUM	20160118	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		331.90
MRCRMX	DAVIS	TONIA	PA	TRAMADOL HCL ER	20160118	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		442.02
MRCRMX	DAVIS	TONIA	PA	THERAMINE	20160118	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		640.65
HSPRING	ERICSSON	TAMARA	PA	DULOXETINE HCL	20160125	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		75.51
HSPRING	ERICSSON	TAMARA	PA	ACETAMINOPHEN/CAFFEIN	20160125	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		240.70
HSPRING	ERICSSON	TAMARA	PA	DICLOFENAC SODIUM	20160125	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL		415.92

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	Pharmacy State License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Amount Paid to Pharmacy
IBCMEDD	NAGY	SUSAN	PA	DULOXETINE HCL	20160201	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		319.22
IBCMEDD	NAGY	SUSAN	PA	ACETAMINOPHEN/CAFFEIN	20160201	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		201.11
IBCMEDD	NAGY	SUSAN	PA	CELECOXIB	20160201	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		160.01
IBCMEDD	NAGY	SUSAN	PA	DICLOFENAC SODIUM	20160201	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		354.43
IBCMEDD	BRENNAN	BARBARA	PA	DULOXETINE HCL	20160208	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		319.22
IBCMEDD	BRENNAN	BARBARA	PA	CELECOXIB	20160208	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		160.01
IBCMEDD	BRENNAN	BARBARA	PA	DICLOFENAC SODIUM	20160208	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		354.43
IBCMEDD	BRENNAN	BARBARA	PA	LIDOCAINE	20160208	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		283.71
IBCMEDD	SCOTT	MICHAEL	PA	DULOXETINE HCL	20160208	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		319.22
IBCMEDD	SCOTT	MICHAEL	PA	DICLOFENAC SODIUM	20160208	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		354.43
IBCMEDD	SCOTT	MICHAEL	PA	LIDOCAINE	20160208	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		283.71
MRCRMX	DAVIS	TONIA	PA	TRAMADOL HCL ER	20160215	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		442.02
MRCRMX	DAVIS	TONIA	PA	ACETAMINOPHEN/CAFFEIN	20160215	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		236.42
MRCRMX	DAVIS	TONIA	PA	FENOPROFEN CALCIUM	20160215	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		217.13
MRCRMX	DAVIS	TONIA	PA	CYCLOBENZAPRINE HCL	20160215	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		378.01
MRCRMX	DAVIS	TONIA	PA	APPTRIM	20160215	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		168.15
MRCRMX	DAVIS	TONIA	PA	DICLOFENAC SODIUM	20160215	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		265.71
MRCRMX	DAVIS	TONIA	PA	LIDOCAINE	20160215	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		285.76
IBCMEDD	ROGALSKI	RICHARD	PA	DULOXETINE HCL	20160222	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		319.22
IBCMEDD	ROGALSKI	RICHARD	PA	ESZOPICLONE	20160222	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		234.35
IBCMEDD	ROGALSKI	RICHARD	PA	ACETAMINOPHEN/CAFFEIN	20160222	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		201.11
IBCMEDD	ROGALSKI	RICHARD	PA	CELECOXIB	20160222	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		160.01
IBCMEDD	ROGALSKI	RICHARD	PA	DICLOFENAC SODIUM	20160222	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		354.43
IBCMEDD	ROGALSKI	RICHARD	PA	LIDOCAINE	20160222	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		283.71
HSPRING	ERICSSON	TAMARA	PA	DULOXETINE HCL	20160222	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		75.51
HSPRING	ERICSSON	TAMARA	PA	ACETAMINOPHEN/CAFFEIN	20160222	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		240.70
HSPRING	ERICSSON	TAMARA	PA	CELECOXIB	20160222	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		121.56
HSPRING	ERICSSON	TAMARA	PA	DICLOFENAC SODIUM	20160222	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		415.92
IBCMEDD	NAGY	SUSAN	PA	DULOXETINE HCL	20160229	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		319.22
IBCMEDD	NAGY	SUSAN	PA	ACETAMINOPHEN/CAFFEIN	20160229	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		201.11
IBCMEDD	NAGY	SUSAN	PA	CELECOXIB	20160229	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		160.01
IBCMEDD	NAGY	SUSAN	PA	DICLOFENAC SODIUM	20160229	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		354.43
IBCMEDD	NAGY	SUSAN	PA	LIDOCAINE	20160229	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		283.71
IBCMEDD	BRENNAN	BARBARA	PA	DULOXETINE HCL	20160307	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		319.22
IBCMEDD	BRENNAN	BARBARA	PA	CELECOXIB	20160307	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		160.01

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

									Pharmacy State				Amount
Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Paid to Pharmacy
IBCMEDD	BRENNAN	BARBARA	PA	DICLOFENAC SODIUM	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	354.43
IBCMEDD	BRENNAN	BARBARA	PA	LIDOCAINE	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	283.71
IBCMEDD	BRENNAN	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	190.46
HSPRING	OATES	JOHN	PA	ONDANSETRON HYDROCHL	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	10.26
HSPRING	OATES	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	240.70
HSPRING	OATES	JOHN	PA	DICLOFENAC SODIUM	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	415.92
IBCMEDD	SCOTT	LYNN	PA	DULOXETINE HCL	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	319.22
IBCMEDD	SCOTT	LYNN	PA	CELECOXIB	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	160.01
IBCMEDD	SCOTT	LYNN	PA	DICLOFENAC SODIUM	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	354.43
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	283.71
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	141.75
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	141.75
IBCMEDD	SCOTT	MICHAEL	PA	DULOXETINE HCL	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	319.22
IBCMEDD	SCOTT	MICHAEL	PA	ACETAMINOPHEN/CAFFEIN	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	201.11
IBCMEDD	SCOTT	MICHAEL	PA	CELECOXIB	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	160.01
IBCMEDD	SCOTT	MICHAEL	PA	DICLOFENAC SODIUM	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	354.43
IBCMEDD	SCOTT	MICHAEL	PA	LIDOCAINE	20160307	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	283.71
HSPRING	ERICSSON	TAMARA	PA	DULOXETINE HCL	20160321	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	75.51
HSPRING	ERICSSON	TAMARA	PA	ACETAMINOPHEN/CAFFEIN	20160321	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	240.70
HSPRING	ERICSSON	TAMARA	PA	DICLOFENAC SODIUM	20160321	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	415.92
IBCMEDD	HOUSE JR	JOHN	PA	ESZOPICLONE	20160328	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	238.62
IBCMEDD	HOUSE JR	JOHN	PA	DICLOFENAC SODIUM	20160328	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	358.43
IBCMEDD	HOUSE JR	JOHN	PA	LIDOCAINE	20160328	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	287.71
IBCMEDD	BRENNAN	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20160404	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	89.51
IBCMEDD	BRENNAN	BARBARA	PA	CELECOXIB	20160404	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	72.24
IBCMEDD	BRENNAN	BARBARA	PA	DICLOFENAC SODIUM	20160404	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	153.90
IBCMEDD	BRENNAN	BARBARA	PA	LIDOCAINE	20160404	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	124.20
IBCMEDD	BRENNAN	BARBARA	PA	DULOXETINE HCL	20160404	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	139.11
HSPRING	OATES	JOHN	PA	ONDANSETRON HYDROCHL	20160404	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	7.55
HSPRING	OATES	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20160404	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	240.70
HSPRING	OATES	JOHN	PA	DICLOFENAC SODIUM	20160404	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	415.92
HSPRING	NASLOUBY	NEZHA	PA	DULOXETINE HCL	20160411	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	375.68
HSPRING	NASLOUBY	NEZHA	PA	CELECOXIB	20160411	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	315.42
HSPRING	NASLOUBY	NEZHA	PA	DICLOFENAC SODIUM	20160411	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	415.92
HSPRING	NASLOUBY	NEZHA	PA	LIDOCAINE	20160411	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	311.13

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

									Pharmacy State				Amount
Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Paid to Pharmacy
HSPRING	JENKINS	MARLON	PA	DULOXETINE HCL	20160418	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	376.88
HSPRING	JENKINS	MARLON	PA	CELECOXIB	20160418	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	316.62
HSPRING	JENKINS	MARLON	PA	DICLOFENAC SODIUM	20160418	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	417.12
HSPRING	JENKINS	MARLON	PA	LIDOCAINE	20160418	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	312.33
HSPRING	ERICSSON	TAMARA	PA	DULOXETINE HCL	20160418	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	375.68
HSPRING	ERICSSON	TAMARA	PA	ACETAMINOPHEN/CAFFEIN	20160418	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	241.90
HSPRING	ERICSSON	TAMARA	PA	DICLOFENAC SODIUM	20160418	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	417.12
HSPRING	ERICSSON	TAMARA	PA	LIDOCAINE	20160418	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	312.33
HSPRING	OATES	JOHN	PA	DICLOFENAC SODIUM	20160502	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	415.92
HSPRING	ERICSSON	TAMARA	PA	DULOXETINE HCL	20160516	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	376.88
HSPRING	ERICSSON	TAMARA	PA	ACETAMINOPHEN/CAFFEIN	20160516	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	227.53
HSPRING	ERICSSON	TAMARA	PA	DICLOFENAC SODIUM	20160516	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	417.12
HSPRING	ERICSSON	TAMARA	PA	LIDOCAINE	20160516	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	277.15
MRCRMX	DAVIS	TONIA	PA	TRAMADOL HCL ER	20160516	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	442.02
MRCRMX	DAVIS	TONIA	PA	ACETAMINOPHEN/CAFFEIN	20160516	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	236.42
MRCRMX	DAVIS	TONIA	PA	CYCLOBENZAPRINE HCL	20160516	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	378.01
MRCRMX	DAVIS	TONIA	PA	THERAMINE	20160516	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	325.47
MRCRMX	DAVIS	TONIA	PA	APPTRIM	20160516	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	168.15
MRCRMX	DAVIS	TONIA	PA	DICLOFENAC SODIUM	20160516	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	255.13
MRCRMX	DAVIS	TONIA	PA	LIDOCAINE	20160516	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	285.76
HSPRING	LUCAS	DONALD	PA	DICLOFENAC SODIUM	20160520	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	415.92
HSPRING	LUCAS	DONALD	PA	LIDOCAINE	20160520	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	250.83
HSPRING	OATES	JOHN	PA	LIDOCAINE	20160520	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	250.83
IBCMEED	HOUSE JR	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20160606	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	205.11
IBCMEED	HOUSE JR	JOHN	PA	LIDOCAINE	20160606	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	244.84
IBCMEED	HOUSE JR	JOHN	PA	LIDOCAINE	20160606	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	446.80
IBCMEED	HOUSE JR	JOHN	PA	LIDOCAINE	20160606	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	297.83
IBCMEED	HOUSE JR	JOHN	PA	LIDOCAINE	20160606	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	446.80
IBCMEED	HOUSE JR	JOHN	PA	LIDOCAINE	20160606	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	323.20
HSPRING	ERICSSON	TAMARA	PA	LIDOCAINE	20160613	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	713.23
MRCRMX	DAVIS	TONIA	PA	CYCLOBENZAPRINE HCL	20160617	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	378.01
MRCRMX	DAVIS	TONIA	PA	THERAMINE	20160617	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	325.47
MRCRMX	DAVIS	TONIA	PA	DICLOFENAC SODIUM	20160617	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	267.73
MRCRMX	DAVIS	TONIA	PA	LIDOCAINE	20160617	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	821.80
HSPRING	OATES	JOHN	PA	DICLOFENAC SODIUM	20160627	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	415.92

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

									Pharmacy State				Amount
Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Paid to Pharmacy
HSPRING	OATES	JOHN	PA	LIDOCAINE	20160627	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	504.56
HSPRING	LUCAS	DONALD	PA	DICLOFENAC SODIUM	20160708	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	400.04
HSPRING	LUCAS	DONALD	PA	LIDOCAINE	20160708	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	712.03
HSPRING	LUCAS	DONALD	PA	DICLOFENAC SODIUM	20160708	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	400.04
IBCFOCHCR	SALLEY	ALTRICE	PA	TRAMADOL HCL ER	20160711	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	206.08
IBCFOCHCR	SALLEY	ALTRICE	PA	ACETAMINOPHEN/CAFFEIN	20160711	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	224.28
IBCFOCHCR	SALLEY	ALTRICE	PA	CYCLOBENZAPRINE HYDRO	20160711	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	265.48
IBCFOCHCR	SALLEY	ALTRICE	PA	DICLOFENAC SODIUM	20160711	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	345.95
IBCFOCHCR	SALLEY	ALTRICE	PA	LIDOCAINE	20160711	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	406.72
HSPRING	ERICSSON	TAMARA	PA	LIDOCAINE	20160711	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	632.01
HSPRING	ERICSSON	TAMARA	PA	ACETAMINOPHEN/CAFFEIN	20160711	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	227.53
HSPRING	ERICSSON	TAMARA	PA	DICLOFENAC SODIUM	20160711	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	401.24
IBCFOCHCR	KURTZ	DAVID	PA	TRAMADOL HCL ER	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	206.08
IBCFOCHCR	KURTZ	DAVID	PA	ACETAMINOPHEN/CAFFEIN	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	224.28
IBCFOCHCR	KURTZ	DAVID	PA	CYCLOBENZAPRINE HYDRO	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	265.48
IBCFOCHCR	KURTZ	DAVID	PA	DICLOFENAC SODIUM	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	345.95
IBCFOCHCR	KURTZ	DAVID	PA	LIDOCAINE	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	803.21
IBCFOCHCR	MARABLE	FAWN	PA	TRAMADOL HCL ER	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	203.08
IBCFOCHCR	MARABLE	FAWN	PA	CYCLOBENZAPRINE HYDRO	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	262.48
IBCFOCHCR	MARABLE	FAWN	PA	DICLOFENAC SODIUM	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	342.95
IBCFOCHCR	MARABLE	FAWN	PA	LIDOCAINE	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	862.41
BCRIMA	DOUGAL	JOSEFA	RI	DICLOFENAC SODIUM	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	337.75
BCRIMA	DOUGAL	JOSEFA	RI	LIDOCAINE	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	724.94
MRCRMX	DAVIS	TONIA	PA	TRAMADOL HCL ER	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	442.02
MRCRMX	DAVIS	TONIA	PA	ACETAMINOPHEN/CAFFEIN	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	236.42
MRCRMX	DAVIS	TONIA	PA	CYCLOBENZAPRINE HYDRO	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	280.91
MRCRMX	DAVIS	TONIA	PA	DICLOFENAC SODIUM	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	267.73
MRCRMX	DAVIS	TONIA	PA	LIDOCAINE	20160715	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	727.14
IBCFOCHCR	RAJCHEL	DENISE	PA	TRAMADOL HCL ER	20160718	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	203.08
IBCFOCHCR	RAJCHEL	DENISE	PA	ACETAMINOPHEN/CAFFEIN	20160718	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	221.28
IBCFOCHCR	RAJCHEL	DENISE	PA	CYCLOBENZAPRINE HYDRO	20160718	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	262.48
IBCFOCHCR	RAJCHEL	DENISE	PA	DICLOFENAC SODIUM	20160718	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	168.73
IBCFOCHCR	RAJCHEL	DENISE	PA	LIDOCAINE	20160718	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	316.78
IBCFOCHCR	KLIMOWICZ	JOHN	PA	TRAMADOL HCL ER	20160722	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	203.08
IBCFOCHCR	KLIMOWICZ	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20160722	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	221.28

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

									Pharmacy State	Amount			
Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Paid to Pharmacy
IBCFOCHCR	KLIMOWICZ	JOHN	PA	CYCLOBENZAPRINE HYDRO	20160722	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	262.48
IBCFOCHCR	KLIMOWICZ	JOHN	PA	DICLOFENAC SODIUM	20160722	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	342.95
IBCFOCHCR	KLIMOWICZ	JOHN	PA	LIDOCAINE	20160722	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	800.21
IBCFOCHCR	PERKIS	JOSEPH	PA	TRAMADOL HCL ER	20160722	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	206.08
IBCFOCHCR	PERKIS	JOSEPH	PA	ACETAMINOPHEN/CAFFEIN	20160722	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	224.28
IBCFOCHCR	PERKIS	JOSEPH	PA	CYCLOBENZAPRINE HYDRO	20160722	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	265.48
IBCFOCHCR	PERKIS	JOSEPH	PA	DICLOFENAC SODIUM	20160722	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	345.95
IBCFOCHCR	PERKIS	JOSEPH	PA	LIDOCAINE	20160722	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	319.78
IBCFOCHCR	HARMON	SANDRA	PA	DULOXETINE HCL	20160725	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	26.33
IBCFOCHCR	HARMON	SANDRA	PA	TRAMADOL HCL ER	20160725	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	210.08
IBCFOCHCR	HARMON	SANDRA	PA	ACETAMINOPHEN/CAFFEIN	20160725	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	228.28
IBCFOCHCR	HARMON	SANDRA	PA	CYCLOBENZAPRINE HYDRO	20160725	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	269.48
IBCFOCHCR	HARMON	SANDRA	PA	DICLOFENAC SODIUM	20160725	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	349.95
IBCFOCHCR	HARMON	SANDRA	PA	LIDOCAINE	20160725	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	323.78
HSPRING	OATES	JOHN	PA	DULOXETINE HCL	20160729	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	21.63
HSPRING	OATES	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20160729	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	226.33
HSPRING	OATES	JOHN	PA	DICLOFENAC SODIUM	20160729	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	266.54
HSPRING	OATES	JOHN	PA	LIDOCAINE	20160729	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	712.03
HSPRING	CHANDLER	PHILLIP	PA	DULOXETINE HCL	20160729	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	22.83
HSPRING	CHANDLER	PHILLIP	PA	ACETAMINOPHEN/CAFFEIN	20160729	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	227.53
HSPRING	CHANDLER	PHILLIP	PA	DICLOFENAC SODIUM	20160729	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	267.74
HSPRING	CHANDLER	PHILLIP	PA	LIDOCAINE	20160729	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	713.23
IBCFOCHCR	PERKIS	JOSEPH	PA	IBUPROFEN	20160801	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	5.34
IBCFOCHCR	SALLEY	ALTRICE	PA	TRAMADOL HCL ER	20160808	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	206.08
IBCFOCHCR	SALLEY	ALTRICE	PA	ACETAMINOPHEN/CAFFEIN	20160808	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	224.28
IBCFOCHCR	SALLEY	ALTRICE	PA	IBUPROFEN	20160808	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	5.34
IBCFOCHCR	SALLEY	ALTRICE	PA	DICLOFENAC SODIUM	20160808	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	345.95
IBCFOCHCR	SALLEY	ALTRICE	PA	LIDOCAINE	20160808	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	906.87
HSPRING	LUCAS	DONALD	PA	LIDOCAINE	20160808	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	593.28
HSPRING	ERICSSON	TAMARA	PA	ACETAMINOPHEN/CAFFEIN	20160808	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	170.83
HSPRING	ERICSSON	TAMARA	PA	DICLOFENAC SODIUM	20160808	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	164.60
HSPRING	ERICSSON	TAMARA	PA	LIDOCAINE	20160808	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	594.48
IBCFOCHCR	KURTZ	DAVID	PA	TRAMADOL HCL ER	20160812	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	206.08
IBCFOCHCR	KURTZ	DAVID	PA	ACETAMINOPHEN/CAFFEIN	20160812	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	224.28
IBCFOCHCR	KURTZ	DAVID	PA	DICLOFENAC SODIUM	20160812	6002719	158804845	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	151.23

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	Pharmacy State	License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Amount
									Paid to Pharmacy					
IBCFCHCR	KURTZ	DAVID	PA	LIDOCAINE	20160812	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		146.86
IBCMEDD	SCOTT	LYNN	PA	TEMAZEPAM	20160812	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		124.99
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20160812	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		202.45
IBCMEDD	SCOTT	LYNN	PA	DICLOFENAC SODIUM	20160812	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		276.56
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20160812	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		198.80
MRCRMX	DAVIS	TONIA	PA	TEMAZEPAM	20160812	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		121.62
MRCRMX	DAVIS	TONIA	PA	TRAMADOL HCL ER	20160812	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		442.02
MRCRMX	DAVIS	TONIA	PA	ACETAMINOPHEN/CAFFEIN	20160812	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		236.42
MRCRMX	DAVIS	TONIA	PA	CYCLOBENZAPRINE HYDRO	20160812	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		280.91
MRCRMX	DAVIS	TONIA	PA	DICLOFENAC SODIUM	20160812	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		262.43
MRCRMX	DAVIS	TONIA	PA	LIDOCAINE	20160812	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		138.09
IBCFCHCR	RAJCHEL	DENISE	PA	TRAMADOL HCL ER	20160815	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		203.08
IBCFCHCR	RAJCHEL	DENISE	PA	ACETAMINOPHEN/CAFFEIN	20160815	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		221.28
IBCFCHCR	RAJCHEL	DENISE	PA	IBUPROFEN	20160815	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		0.00
IBCFCHCR	KLIMOWICZ	JOHN	PA	TRAMADOL HCL ER	20160819	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		203.08
IBCFCHCR	KLIMOWICZ	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20160819	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		221.28
IBCFCHCR	KLIMOWICZ	JOHN	PA	LIDOCAINE	20160819	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		143.86
IBCFCHCR	PERKIS	JOSEPH	PA	TRAMADOL HCL ER	20160819	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		206.08
IBCFCHCR	PERKIS	JOSEPH	PA	ACETAMINOPHEN/CAFFEIN	20160819	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		224.28
IBCFCHCR	PERKIS	JOSEPH	PA	LIDOCAINE	20160819	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		146.86
HSPRING	OATES	JOHN	PA	LIDOCAINE	20160824	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		712.03
HSPRING	CHANDLER	PHILLIP	PA	ACETAMINOPHEN/CAFFEIN	20160824	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		227.53
HSPRING	CHANDLER	PHILLIP	PA	DICLOFENAC SODIUM	20160824	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		219.21
HSPRING	CHANDLER	PHILLIP	PA	LIDOCAINE	20160826	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		735.74
AHA3890	WILLIAMS MORI	ROCHELLE	PA	ACETAMINOPHEN/CAFFEIN	20160829	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		228.03
AHA3890	WILLIAMS MORI	ROCHELLE	PA	LIDOCAINE	20160829	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		530.57
IBCFCHCR	HARMON	SANDRA	PA	TRAMADOL HCL ER	20160829	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		210.08
IBCFCHCR	HARMON	SANDRA	PA	ACETAMINOPHEN/CAFFEIN	20160829	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		228.28
IBCFCHCR	HARMON	SANDRA	PA	LIDOCAINE	20160829	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		530.82
IBCFCHCR	SALLEY	ALTRICE	PA	TRAMADOL HCL ER	20160902	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		210.08
IBCFCHCR	SALLEY	ALTRICE	PA	ACETAMINOPHEN/CAFFEIN	20160902	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		228.28
IBCFCHCR	SALLEY	ALTRICE	PA	CYCLOBENZAPRINE HYDRO	20160902	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		59.63
IBCFCHCR	SALLEY	ALTRICE	PA	DICLOFENAC SODIUM	20160902	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		170.60
IBCFCHCR	SALLEY	ALTRICE	PA	LIDOCAINE	20160902	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		598.93
AHA	GARTLAND	BARBARA	PA	CYCLOBENZAPRINE HYDRO	20160902	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		39.38

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	Pharmacy State	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Amount
									License Number				Paid to Pharmacy
AHA	GARTLAND	BARBARA	PA	LIDOCAINE	20160902	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	192.98
IBCFCHCR	KURTZ	DAVID	PA	TRAMADOL HCL ER	20160909	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	206.08
IBCFCHCR	KURTZ	DAVID	PA	ACETAMINOPHEN/CAFFEIN	20160909	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	224.28
IBCFCHCR	KURTZ	DAVID	PA	LIDOCAINE	20160909	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	594.93
IBCFCHCR	RAJCHEL	DENISE	PA	LIDOCAINE	20160909	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	206.23
IBCFCHCR	RAJCHEL	DENISE	PA	INDOMETHACIN ER	20160910	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	58.40
IBCMEDD	SCOTT	LYNN	PA	TEMAZEPAM	20160912	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	124.99
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20160912	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	202.45
IBCMEDD	SCOTT	LYNN	PA	DICLOFENAC SODIUM	20160912	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	210.85
AHA3890	WILLIAMS MORI	ROCHELLE	PA	DICLOFENAC SODIUM	20160912	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	5,307.57
IBCFCHCR	KLIMOWICZ	JOHN	PA	TRAMADOL HCL ER	20160916	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	203.08
IBCFCHCR	KLIMOWICZ	JOHN	PA	LIDOCAINE	20160916	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	591.93
IBCFCHCR	FROST	HEATHER	PA	ESZOPICLONE	20160919	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	259.82
IBCFCHCR	FROST	HEATHER	PA	TRAMADOL HCL ER	20160919	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	195.08
IBCFCHCR	FROST	HEATHER	PA	ACETAMINOPHEN/CAFFEIN	20160919	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	213.28
IBCFCHCR	FROST	HEATHER	PA	IBUPROFEN	20160919	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	0.00
IBCFCHCR	MARABLE	FAWN	PA	TRAMADOL HCL ER	20160923	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	203.08
IBCFCHCR	MARABLE	FAWN	PA	CYCLOBENZAPRINE HYDRO	20160923	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	52.63
IBCFCHCR	MARABLE	FAWN	PA	DICLOFENAC SODIUM	20160923	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	163.60
IBCFCHCR	MARABLE	FAWN	PA	LIDOCAINE	20160923	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	591.93
HSPRING	CHANDLER	PHILLIP	PA	ACETAMINOPHEN/CAFFEIN	20160926	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	227.53
HSPRING	CHANDLER	PHILLIP	PA	DICLOFENAC SODIUM	20160926	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	219.21
HSPRING	CHANDLER	PHILLIP	PA	LIDOCAINE	20160926	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	713.23
AHA3890	WILLIAMS MORI	ROCHELLE	PA	LIDOCAINE	20160926	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	598.68
IBCFCHCR	HARMON	SANDRA	PA	TRAMADOL HCL ER	20160926	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	210.08
IBCFCHCR	HARMON	SANDRA	PA	ACETAMINOPHEN/CAFFEIN	20160926	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	228.28
IBCFCHCR	HARMON	SANDRA	PA	CYCLOBENZAPRINE HYDRO	20160926	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	59.63
IBCFCHCR	HARMON	SANDRA	PA	LIDOCAINE	20160926	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	598.93
IBCFCHCR	SALLEY	ALTRICE	PA	TRAMADOL HCL ER	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	210.08
IBCFCHCR	SALLEY	ALTRICE	PA	ACETAMINOPHEN/CAFFEIN	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	228.28
IBCFCHCR	SALLEY	ALTRICE	PA	CYCLOBENZAPRINE HYDRO	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	59.63
IBCFCHCR	SALLEY	ALTRICE	PA	DICLOFENAC SODIUM	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	170.60
IBCFCHCR	SALLEY	ALTRICE	PA	LIDOCAINE	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	598.93
AHA	GARTLAND	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	208.03
AHA	GARTLAND	BARBARA	PA	CYCLOBENZAPRINE HYDRO	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND	NEIL	39.38

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

									Pharmacy State				Amount
Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Paid to Pharmacy
AHA	GARTLAND	BARBARA	PA	LIDOCAINE	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	192.98
AHA3890	MORROW	EDWARD	PA	LIDOCAINE	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	1,905.55
AHA3890	MORROW	EDWARD	PA	ESZOPICLONE	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	819.97
AHA3890	MORROW	EDWARD	PA	ACETAMINOPHEN/CAFFEIN	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	681.59
AHA3890	MORROW	EDWARD	PA	ACETAMINOPHEN/CAFFEIN	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	680.34
AHA3890	MORROW	EDWARD	PA	DICLOFENAC SODIUM	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	5,308.82
AHA3890	MORROW	EDWARD	PA	DICLOFENAC SODIUM	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	5,307.57
AHA3890	MORROW	EDWARD	PA	CYCLOBENZAPRINE HYDRO	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	232.53
AHA3890	MORROW	EDWARD	PA	ESZOPICLONE	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	1,641.19
AHA3890	MORROW	EDWARD	PA	ESZOPICLONE	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	1,639.94
AHA3890	MORROW	EDWARD	PA	ACETAMINOPHEN/CAFFEIN	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	680.34
AHA3890	MORROW	EDWARD	PA	DICLOFENAC SODIUM	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	5,307.57
AHA3890	MORROW	EDWARD	PA	ACETAMINOPHEN/CAFFEIN	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	680.34
AHA3890	MORROW	EDWARD	PA	DICLOFENAC SODIUM	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	5,307.57
HSPRING	OATES	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	226.33
HSPRING	OATES	JOHN	PA	DICLOFENAC SODIUM	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	533.53
HSPRING	OATES	JOHN	PA	LIDOCAINE	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	566.76
HSPRING	ERICSSON	TAMARA	PA	ACETAMINOPHEN/CAFFEIN	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	227.53
HSPRING	ERICSSON	TAMARA	PA	DICLOFENAC SODIUM	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	534.73
HSPRING	ERICSSON	TAMARA	PA	LIDOCAINE	20161003	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	567.96
IBCFCHCR	KURTZ	DAVID	PA	TRAMADOL HCL ER	20161007	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	206.08
IBCFCHCR	KURTZ	DAVID	PA	ACETAMINOPHEN/CAFFEIN	20161007	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	224.28
IBCFCHCR	KURTZ	DAVID	PA	LIDOCAINE	20161007	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	594.93
MRCRMX	DAVIS	TONIA	PA	CYCLOBENZAPRINE HYDRO	20161007	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	377.38
IBCFCCOM	SIDERIS	MARIA	PA	TRAMADOL HCL ER	20161010	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	204.83
IBCFCCOM	SIDERIS	MARIA	PA	ACETAMINOPHEN/CAFFEIN	20161010	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	223.03
IBCFCCOM	SIDERIS	MARIA	PA	INDOMETHACIN ER	20161010	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	60.15
IBCFCCOM	SIDERIS	MARIA	PA	CYCLOBENZAPRINE HYDRO	20161010	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	73.76
IBCFCCOM	SIDERIS	MARIA	PA	DICLOFENAC SODIUM	20161010	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	165.35
IBCFCCOM	SIDERIS	MARIA	PA	LIDOCAINE	20161010	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	593.68
IBCFCHCR	KLIMOWICZ	JOHN	PA	ESZOPICLONE	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	541.15
IBCFCHCR	KLIMOWICZ	JOHN	PA	TRAMADOL HCL ER	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	203.08
IBCFCHCR	KLIMOWICZ	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	221.28
IBCFCHCR	KLIMOWICZ	JOHN	PA	INDOMETHACIN ER	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	58.40
IBCFCHCR	KLIMOWICZ	JOHN	PA	CYCLOBENZAPRINE HYDRO	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	ANAND NEIL	NEIL	72.01

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy			Pharmacy State	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Amount
						Name	NPI	NCPDP	License Number				Paid to Pharmacy
IBCFCHCR	KLIMOWICZ	JOHN	PA	DICLOFENAC SODIUM	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		163.60
IBCFCHCR	KLIMOWICZ	JOHN	PA	LIDOCAINE	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		591.93
HSPRING	BLAND	LYNETTE	PA	TEMAZEPAM	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		408.39
HSPRING	BLAND	LYNETTE	PA	ACETAMINOPHEN/CAFFEIN	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		679.89
HSPRING	BLAND	LYNETTE	PA	DICLOFENAC SODIUM	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		400.04
HSPRING	BLAND	LYNETTE	PA	LIDOCAINE	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		1,275.78
HSPRING	BLAND	LYNETTE	PA	TEMAZEPAM	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		407.64
HSPRING	BLAND	LYNETTE	PA	ACETAMINOPHEN/CAFFEIN	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		679.14
HSPRING	BLAND	LYNETTE	PA	LIDOCAINE	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		1,275.03
IBCFCHCR	SIGMAN	VIKTORIYA	PA	ESZOPICLONE	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		541.15
IBCFCHCR	SIGMAN	VIKTORIYA	PA	ACETAMINOPHEN/CAFFEIN	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		221.28
IBCFCHCR	SIGMAN	VIKTORIYA	PA	INDOMETHACIN ER	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		58.40
IBCFCHCR	SIGMAN	VIKTORIYA	PA	CYCLOBENZAPRINE HYDRO	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		72.01
IBCFCHCR	SIGMAN	VIKTORIYA	PA	DICLOFENAC SODIUM	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		163.60
IBCFCHCR	SIGMAN	VIKTORIYA	PA	LIDOCAINE	20161014	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		591.93
IBCFCCOM	PICKETT	ALBERT	PA	DICLOFENAC SODIUM	20161017	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		150.35
IBCFCCOM	PICKETT	ALBERT	PA	LIDOCAINE	20161017	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		192.98
AHA3890	WILLIAMS MORI	ROCHELLE	PA	ESZOPICLONE	20161021	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		819.97
AHA3890	WILLIAMS MORI	ROCHELLE	PA	INDOMETHACIN ER	20161021	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		65.15
AHA3890	WILLIAMS MORI	ROCHELLE	PA	CYCLOBENZAPRINE HYDRO	20161021	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		232.53
AHA3890	WILLIAMS MORI	ROCHELLE	PA	LIDOCAINE	20161021	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		1,792.28
AHA3890	WILLIAMS MORI	ROCHELLE	PA	LIDOCAINE	20161021	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		898.87
IBCFCSF	MINNICK	NORMAN	PA	ACETAMINOPHEN/CAFFEIN	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		223.03
IBCFCSF	MINNICK	NORMAN	PA	CYCLOBENZAPRINE HYDRO	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		73.76
IBCFCSF	MINNICK	NORMAN	PA	LIDOCAINE	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		102.11
HSPRING	CHANDLER	PHILLIP	PA	TEMAZEPAM	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		68.89
HSPRING	CHANDLER	PHILLIP	PA	ACETAMINOPHEN/CAFFEIN	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		680.34
HSPRING	CHANDLER	PHILLIP	PA	DICLOFENAC SODIUM	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		1,096.66
HSPRING	CHANDLER	PHILLIP	PA	LIDOCAINE	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		1,382.58
IBCFCHCR	HARMON	SANDRA	PA	ESZOPICLONE	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		274.82
IBCFCHCR	HARMON	SANDRA	PA	TRAMADOL HCL ER	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		210.08
IBCFCHCR	HARMON	SANDRA	PA	ACETAMINOPHEN/CAFFEIN	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		228.28
IBCFCHCR	HARMON	SANDRA	PA	CYCLOBENZAPRINE HYDRO	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		79.01
IBCFCHCR	HARMON	SANDRA	PA	LIDOCAINE	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		598.93
IBCFCHCR	HARMON	SANDRA	PA	ESZOPICLONE	20161024	6002719	1588048458	6002719	MD422681	5735 RIDGE ANAND	NEIL		274.82

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy			Pharmacy License Number	Pharmacy Address	Pharmacy State	Prescriber Last Name	Prescriber First Name	Amount Paid to Pharmacy
						Name	NPI	NCPDP						
IBCFCHCR	HARMON	SANDRA	PA	ESZOPICLONE	20161024	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	274.82
IBCFCHCR	HARMON	SANDRA	PA	ESZOPICLONE	20161024	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	274.82
AHA	GARTLAND	BARBARA	PA	LIDOCAINE	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	192.98
HSPRING	CORBIN	ELBERT	PA	TEMAZEPAM	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	392.35
HSPRING	CORBIN	ELBERT	PA	DICLOFENAC SODIUM	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	1,030.12
HSPRING	CORBIN	ELBERT	PA	LIDOCAINE	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	2,419.73
HSPRING	CORBIN	ELBERT	PA	ACETAMINOPHEN/CAFFEIN	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	682.34
HSPRING	OATES	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	680.34
HSPRING	OATES	JOHN	PA	DICLOFENAC SODIUM	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	1,095.46
HSPRING	OATES	JOHN	PA	LIDOCAINE	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	1,276.23
HSPRING	OATES	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	0.00
HSPRING	ERICSSON	TAMARA	PA	ACETAMINOPHEN/CAFFEIN	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	680.34
HSPRING	ERICSSON	TAMARA	PA	DICLOFENAC SODIUM	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	1,096.66
HSPRING	ERICSSON	TAMARA	PA	LIDOCAINE	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	1,276.23
IBCFCCST	MAHER	TIMOTHY	PA	ESZOPICLONE	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	532.90
IBCFCCST	MAHER	TIMOTHY	PA	TRAMADOL HCL ER	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	194.83
IBCFCCST	MAHER	TIMOTHY	PA	ACETAMINOPHEN/CAFFEIN	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	213.03
IBCFCCST	MAHER	TIMOTHY	PA	DICLOFENAC SODIUM	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	155.35
IBCFCCST	MAHER	TIMOTHY	PA	LIDOCAINE	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	197.98
IBCFCCST	MAHER	TIMOTHY	PA	DICLOFENAC SODIUM	20161031	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	155.35
IBCFCHCR	BAYARD	DAVID	PA	ESZOPICLONE	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	541.15
IBCFCHCR	BAYARD	DAVID	PA	TRAMADOL HCL ER	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	203.08
IBCFCHCR	BAYARD	DAVID	PA	ACETAMINOPHEN/CAFFEIN	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	145.69
IBCFCHCR	BAYARD	DAVID	PA	FENOPROFEN CALCIUM	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	256.38
IBCFCHCR	BAYARD	DAVID	PA	CYCLOBENZAPRINE HYDRO	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	72.01
IBCFCHCR	BAYARD	DAVID	PA	DICLOFENAC SODIUM	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	236.00
IBCFCHCR	BAYARD	DAVID	PA	LIDOCAINE	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	591.93
IBCFCHCR	KURTZ	DAVID	PA	ESZOPICLONE	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	544.15
IBCFCHCR	KURTZ	DAVID	PA	ACETAMINOPHEN/CAFFEIN	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	299.87
IBCFCHCR	KURTZ	DAVID	PA	CYCLOBENZAPRINE HYDRO	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	75.01
IBCFCHCR	KURTZ	DAVID	PA	DICLOFENAC SODIUM	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	239.00
IBCFCHCR	KURTZ	DAVID	PA	LIDOCAINE	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	594.93
IBCFCHCR	KURTZ	DAVID	PA	TRAMADOL HCL ER	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	206.08
IBCFCHCR	KURTZ	DAVID	PA	FENOPROFEN CALCIUM	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	259.38
AHA3890	QUINN	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20161104	6002719	1588048451	6002719	MD422681	5735 RIDGE ANAND		ANAND	NEIL	132.44

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy			Pharmacy State	Pharmacy License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Amount
						Name	NPI	NCPDP	Paid to Pharmacy					
AHA3890	QUINN	JOHN	PA	DICLOFENAC SODIUM	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		222.75
AHA3890	QUINN	JOHN	PA	LIDOCAINE	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		578.68
AHA3890	QUINN	JOHN	PA	ESZOPICLONE	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		527.90
AHA3890	QUINN	JOHN	PA	FENOPROFEN CALCIUM	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		243.13
AHA3890	QUINN	JOHN	PA	CYCLOBENZAPRINE HYDRO	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		58.76
AHA3890	QUINN	JOHN	PA	DICLOFENAC SODIUM	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		222.75
IBCFOCHCR	DUGAN	ROSE	PA	ESZOPICLONE	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		548.15
IBCFOCHCR	DUGAN	ROSE	PA	FENOPROFEN CALCIUM	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		263.38
IBCFOCHCR	DUGAN	ROSE	PA	DICLOFENAC SODIUM	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		239.23
IBCFOCHCR	DUGAN	ROSE	PA	TRAMADOL HCL ER	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		210.08
MRCRMX	DAVIS	TONIA	PA	CYCLOBENZAPRINE HYDRO	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		1,149.15
MRCRMX	DAVIS	TONIA	PA	DICLOFENAC SODIUM	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		660.35
MRCRMX	DAVIS	TONIA	PA	ACETAMINOPHEN/CAFFEIN	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		875.02
MRCRMX	DAVIS	TONIA	PA	FENOPROFEN CALCIUM	20161104	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND	NEIL		755.16
IBCFOCHCR	NAGY	VALERIE	PA	ESZOPICLONE	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		543.15
IBCFOCHCR	NAGY	VALERIE	PA	ESZOPICLONE	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		543.15
IBCFOCHCR	NAGY	VALERIE	PA	ESZOPICLONE	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		543.15
IBCFOCHCR	NAGY	VALERIE	PA	ESZOPICLONE	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		543.15
IBCFOCHCR	NAGY	VALERIE	PA	FENOPROFEN CALCIUM	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		258.38
IBCFOCHCR	NAGY	VALERIE	PA	FENOPROFEN CALCIUM	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		258.38
IBCFOCHCR	NAGY	VALERIE	PA	FENOPROFEN CALCIUM	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		258.38
IBCFOCHCR	NAGY	VALERIE	PA	FENOPROFEN CALCIUM	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		258.38
IBCFOCHCR	NAGY	VALERIE	PA	CYCLOBENZAPRINE HYDRO	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		74.01
IBCFOCHCR	NAGY	VALERIE	PA	CYCLOBENZAPRINE HYDRO	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		74.01
IBCFOCHCR	NAGY	VALERIE	PA	CYCLOBENZAPRINE HYDRO	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		74.01
IBCFOCHCR	NAGY	VALERIE	PA	CYCLOBENZAPRINE HYDRO	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		74.01
IBCFOCHCR	NAGY	VALERIE	PA	LIDOCAINE	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		593.93
IBCFOCHCR	NAGY	VALERIE	PA	LIDOCAINE	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		593.93
IBCFOCHCR	NAGY	VALERIE	PA	LIDOCAINE	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		593.93
IBCFOCHCR	NAGY	VALERIE	PA	LIDOCAINE	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		593.93
IBCFOCHCR	NAGY	VALERIE	PA	LIDOCAINE	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		146.31
IBCFOCHCR	NAGY	VALERIE	PA	LIDOCAINE	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		146.31
IBCFOCHCR	NAGY	VALERIE	PA	LIDOCAINE	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		146.31
IBCFOCHCR	NAGY	VALERIE	PA	LIDOCAINE	20161107	6002719	1588048458	6002719	MD	422681	5735 RIDGE MCGREGO	DEBORAH		146.31
IBCFOCSE	DEFRANCESCO	ALICIA	PA	ESZOPICLONE	20161112	6002719	1588048458	6002719	MD	422681	5735 RIDGE ANAND-NI SONIA			542.90

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	Pharmacy License Number	Pharmacy State	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Amount
														Paid to Pharmacy
IBCFOCSF	DEFRANCESCO	ALICIA	PA	ESZOPICLONE	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			542.90
IBCFOCSF	DEFRANCESCO	ALICIA	PA	ESZOPICLONE	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			542.90
IBCFOCSF	DEFRANCESCO	ALICIA	PA	ESZOPICLONE	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			542.90
IBCFOCSF	DEFRANCESCO	ALICIA	PA	CYCLOBENZAPRINE HCL	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			73.76
IBCFOCSF	DEFRANCESCO	ALICIA	PA	CYCLOBENZAPRINE HCL	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			73.76
IBCFOCSF	DEFRANCESCO	ALICIA	PA	CYCLOBENZAPRINE HCL	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			73.76
IBCFOCSF	DEFRANCESCO	ALICIA	PA	CYCLOBENZAPRINE HCL	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			73.76
IBCFOCSF	DEFRANCESCO	ALICIA	PA	LIDOCAINE	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			593.68
IBCFOCSF	DEFRANCESCO	ALICIA	PA	LIDOCAINE	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			593.68
IBCFOCSF	DEFRANCESCO	ALICIA	PA	LIDOCAINE	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			593.68
IBCFOCSF	DEFRANCESCO	ALICIA	PA	LIDOCAINE	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			593.68
IBCFOCSF	DEFRANCESCO	ALICIA	PA	ESZOPICLONE	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			542.90
IBCFOCSF	DEFRANCESCO	ALICIA	PA	ESZOPICLONE	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			542.90
IBCFOCSF	DEFRANCESCO	ALICIA	PA	ESZOPICLONE	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			542.90
IBCFOCSF	DEFRANCESCO	ALICIA	PA	ESZOPICLONE	20161112	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			542.90
IBCF OCCOM PICKETT		ALBERT	PA	ESZOPICLONE	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			527.90
IBCF OCCOM PICKETT		ALBERT	PA	ESZOPICLONE	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			527.90
IBCF OCCOM PICKETT		ALBERT	PA	ESZOPICLONE	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			527.90
IBCF OCCOM PICKETT		ALBERT	PA	ESZOPICLONE	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			527.90
IBCF OCCOM PICKETT		ALBERT	PA	TRAMADOL HCL ER	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			189.83
IBCF OCCOM PICKETT		ALBERT	PA	TRAMADOL HCL ER	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			189.83
IBCF OCCOM PICKETT		ALBERT	PA	TRAMADOL HCL ER	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			189.83
IBCF OCCOM PICKETT		ALBERT	PA	TRAMADOL HCL ER	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			189.83
IBCF OCCOM PICKETT		ALBERT	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			208.03
IBCF OCCOM PICKETT		ALBERT	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			208.03
IBCF OCCOM PICKETT		ALBERT	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			208.03
IBCF OCCOM PICKETT		ALBERT	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			208.03
IBCF OCCOM PICKETT		ALBERT	PA	FENOPROFEN CALCIUM	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			243.13
IBCF OCCOM PICKETT		ALBERT	PA	FENOPROFEN CALCIUM	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			243.13
IBCF OCCOM PICKETT		ALBERT	PA	FENOPROFEN CALCIUM	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			243.13
IBCF OCCOM PICKETT		ALBERT	PA	FENOPROFEN CALCIUM	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			243.13
IBCF OCCOM PICKETT		ALBERT	PA	CYCLOBENZAPRINE HYDRO	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			58.76
IBCF OCCOM PICKETT		ALBERT	PA	CYCLOBENZAPRINE HYDRO	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			58.76
IBCF OCCOM PICKETT		ALBERT	PA	CYCLOBENZAPRINE HYDRO	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			58.76
IBCF OCCOM PICKETT		ALBERT	PA	CYCLOBENZAPRINE HYDRO	20161114	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI SONIA			58.76

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy			Pharmacy License Number	Pharmacy Address	Pharmacy State	Prescriber Last Name	Prescriber First Name	Amount Paid to Pharmacy
						Name	NPI	NCPDP						
IBCF OCCOM	PICKETT	ALBERT	PA	DICLOFENAC SODIUM	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		222.75
IBCF OCCOM	PICKETT	ALBERT	PA	DICLOFENAC SODIUM	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		222.75
IBCF OCCOM	PICKETT	ALBERT	PA	DICLOFENAC SODIUM	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		222.75
IBCF OCCOM	PICKETT	ALBERT	PA	DICLOFENAC SODIUM	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		222.75
IBCF OCCOM	PICKETT	ALBERT	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		192.98
IBCF OCCOM	PICKETT	ALBERT	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		192.98
IBCF OCCOM	PICKETT	ALBERT	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		192.98
IBCF OCCOM	PICKETT	ALBERT	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		192.98
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		268.10
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		268.10
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		268.10
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		268.10
IBCMEDD	SCOTT	LYNN	PA	DICLOFENAC SODIUM	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		628.42
IBCMEDD	SCOTT	LYNN	PA	DICLOFENAC SODIUM	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		628.42
IBCMEDD	SCOTT	LYNN	PA	DICLOFENAC SODIUM	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		628.42
IBCMEDD	SCOTT	LYNN	PA	DICLOFENAC SODIUM	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		628.42
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		557.04
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		557.04
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		557.04
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		557.04
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		269.48
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		269.48
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		269.48
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		269.48
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		558.42
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		558.42
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		558.42
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		558.42
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		268.10
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		268.10
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		268.10
IBCMEDD	SCOTT	LYNN	PA	ACETAMINOPHEN/CAFFEIN	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		268.10
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		557.04
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		557.04
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		557.04

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

									Pharmacy State				Amount
Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Paid to Pharmacy
IBCMEDD	SCOTT	LYNN	PA	LIDOCAINE	20161114	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	557.04
IBCFOCHCR	MALLORY	CAROLINE	PA	TRAMADOL HCL ER	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	206.08
IBCFOCHCR	MALLORY	CAROLINE	PA	TRAMADOL HCL ER	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	206.08
IBCFOCHCR	MALLORY	CAROLINE	PA	TRAMADOL HCL ER	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	206.08
IBCFOCHCR	MALLORY	CAROLINE	PA	TRAMADOL HCL ER	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	206.08
IBCFOCHCR	MALLORY	CAROLINE	PA	FENOPROFEN CALCIUM	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	259.38
IBCFOCHCR	MALLORY	CAROLINE	PA	FENOPROFEN CALCIUM	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	259.38
IBCFOCHCR	MALLORY	CAROLINE	PA	FENOPROFEN CALCIUM	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	259.38
IBCFOCHCR	MALLORY	CAROLINE	PA	FENOPROFEN CALCIUM	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	259.38
IBCFOCHCR	MALLORY	CAROLINE	PA	CYCLOBENZAPRINE HCL	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	75.01
IBCFOCHCR	MALLORY	CAROLINE	PA	CYCLOBENZAPRINE HCL	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	75.01
IBCFOCHCR	MALLORY	CAROLINE	PA	CYCLOBENZAPRINE HCL	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	75.01
IBCFOCHCR	MALLORY	CAROLINE	PA	CYCLOBENZAPRINE HCL	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	75.01
IBCFOCHCR	MALLORY	CAROLINE	PA	LIDOCAINE	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	632.68
IBCFOCHCR	MALLORY	CAROLINE	PA	LIDOCAINE	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	632.68
IBCFOCHCR	MALLORY	CAROLINE	PA	LIDOCAINE	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	632.68
IBCFOCHCR	MALLORY	CAROLINE	PA	LIDOCAINE	20161118	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	632.68
IBCFOCSE	MINNICK	NORMAN	PA	TEMAZEPAM	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	74.45
IBCFOCSE	MINNICK	NORMAN	PA	TEMAZEPAM	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	74.45
IBCFOCSE	MINNICK	NORMAN	PA	TEMAZEPAM	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	74.45
IBCFOCSE	MINNICK	NORMAN	PA	TEMAZEPAM	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	74.45
IBCFOCSE	MINNICK	NORMAN	PA	TRAMADOL HCL ER	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	204.83
IBCFOCSE	MINNICK	NORMAN	PA	TRAMADOL HCL ER	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	204.83
IBCFOCSE	MINNICK	NORMAN	PA	TRAMADOL HCL ER	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	204.83
IBCFOCSE	MINNICK	NORMAN	PA	TRAMADOL HCL ER	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	204.83
IBCFOCSE	MINNICK	NORMAN	PA	ACETAMINOPHEN/CAFFEIN	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	223.03
IBCFOCSE	MINNICK	NORMAN	PA	ACETAMINOPHEN/CAFFEIN	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	223.03
IBCFOCSE	MINNICK	NORMAN	PA	ACETAMINOPHEN/CAFFEIN	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	223.03
IBCFOCSE	MINNICK	NORMAN	PA	ACETAMINOPHEN/CAFFEIN	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	223.03
IBCFOCSE	MINNICK	NORMAN	PA	FENOPROFEN CALCIUM	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	258.13
IBCFOCSE	MINNICK	NORMAN	PA	FENOPROFEN CALCIUM	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	258.13
IBCFOCSE	MINNICK	NORMAN	PA	FENOPROFEN CALCIUM	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	258.13
IBCFOCSE	MINNICK	NORMAN	PA	FENOPROFEN CALCIUM	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	258.13
IBCFOCSE	MINNICK	NORMAN	PA	CYCLOBENZAPRINE HCL	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	73.76
IBCFOCSE	MINNICK	NORMAN	PA	CYCLOBENZAPRINE HCL	20161123	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	73.76

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	Pharmacy State	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Amount
									License Number				Paid to Pharmacy
IBCFCSF	MINNICK	NORMAN	PA	CYCLOBENZAPRINE HCL	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	73.76
IBCFCSF	MINNICK	NORMAN	PA	CYCLOBENZAPRINE HCL	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	73.76
IBCFCSF	MINNICK	NORMAN	PA	DICLOFENAC SODIUM	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	237.75
IBCFCSF	MINNICK	NORMAN	PA	DICLOFENAC SODIUM	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	237.75
IBCFCSF	MINNICK	NORMAN	PA	DICLOFENAC SODIUM	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	237.75
IBCFCSF	MINNICK	NORMAN	PA	DICLOFENAC SODIUM	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	237.75
IBCFCSF	MINNICK	NORMAN	PA	LIDOCAINE	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	145.61
IBCFCSF	MINNICK	NORMAN	PA	LIDOCAINE	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	145.61
IBCFCSF	MINNICK	NORMAN	PA	LIDOCAINE	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	145.61
IBCFCSF	MINNICK	NORMAN	PA	LIDOCAINE	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	145.61
IBCFCSF	MINNICK	NORMAN	PA	LIDOCAINE	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	295.87
IBCFCSF	MINNICK	NORMAN	PA	LIDOCAINE	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	295.87
IBCFCSF	MINNICK	NORMAN	PA	LIDOCAINE	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	295.87
IBCFCSF	MINNICK	NORMAN	PA	LIDOCAINE	20161123	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	295.87
HSPRING	CORBIN	ELBERT	PA	FENOPROFEN CALCIUM	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	525.76
HSPRING	CORBIN	ELBERT	PA	FENOPROFEN CALCIUM	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	525.76
HSPRING	CORBIN	ELBERT	PA	FENOPROFEN CALCIUM	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	525.76
HSPRING	CORBIN	ELBERT	PA	FENOPROFEN CALCIUM	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH	525.76
AHA	GARTLAND	BARBARA	PA	ESZOPICLONE	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	254.57
AHA	GARTLAND	BARBARA	PA	ESZOPICLONE	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	254.57
AHA	GARTLAND	BARBARA	PA	ESZOPICLONE	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	254.57
AHA	GARTLAND	BARBARA	PA	ESZOPICLONE	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	254.57
AHA	GARTLAND	BARBARA	PA	TRAMADOL HCL ER	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	189.83
AHA	GARTLAND	BARBARA	PA	TRAMADOL HCL ER	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	189.83
AHA	GARTLAND	BARBARA	PA	TRAMADOL HCL ER	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	189.83
AHA	GARTLAND	BARBARA	PA	TRAMADOL HCL ER	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	189.83
AHA	GARTLAND	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	283.62
AHA	GARTLAND	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	283.62
AHA	GARTLAND	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	283.62
AHA	GARTLAND	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	283.62
AHA	GARTLAND	BARBARA	PA	FENOPROFEN CALCIUM	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	243.13
AHA	GARTLAND	BARBARA	PA	FENOPROFEN CALCIUM	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	243.13
AHA	GARTLAND	BARBARA	PA	FENOPROFEN CALCIUM	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	243.13
AHA	GARTLAND	BARBARA	PA	FENOPROFEN CALCIUM	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	243.13
AHA	GARTLAND	BARBARA	PA	CYCLOBENZAPRINE HYDRO	20161128	6002719	1588048458	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA	58.76

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy			Pharmacy License Number	Pharmacy Address	Pharmacy State	Prescriber Last Name	Prescriber First Name	Amount Paid to Pharmacy
						Name	NPI	NCPDP						
AHA	GARTLAND	BARBARA	PA	CYCLOBENZAPRINE HYDROCHLORIDE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		58.76
AHA	GARTLAND	BARBARA	PA	CYCLOBENZAPRINE HYDROCHLORIDE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		58.76
AHA	GARTLAND	BARBARA	PA	CYCLOBENZAPRINE HYDROCHLORIDE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		58.76
AHA	GARTLAND	BARBARA	PA	DICLOFENAC SODIUM	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		222.75
AHA	GARTLAND	BARBARA	PA	DICLOFENAC SODIUM	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		222.75
AHA	GARTLAND	BARBARA	PA	DICLOFENAC SODIUM	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		222.75
AHA	GARTLAND	BARBARA	PA	DICLOFENAC SODIUM	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		222.75
IBCFOCHCR	HARMON	SANDRA	PA	ESZOPICLONE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		548.15
IBCFOCHCR	HARMON	SANDRA	PA	ESZOPICLONE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		548.15
IBCFOCHCR	HARMON	SANDRA	PA	ESZOPICLONE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		548.15
IBCFOCHCR	HARMON	SANDRA	PA	ESZOPICLONE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		548.15
IBCFOCHCR	HARMON	SANDRA	PA	TRAMADOL HCL ER	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		210.08
IBCFOCHCR	HARMON	SANDRA	PA	TRAMADOL HCL ER	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		210.08
IBCFOCHCR	HARMON	SANDRA	PA	TRAMADOL HCL ER	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		210.08
IBCFOCHCR	HARMON	SANDRA	PA	TRAMADOL HCL ER	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		210.08
IBCFOCHCR	HARMON	SANDRA	PA	ACETAMINOPHEN/CAFFEIN	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		77.09
IBCFOCHCR	HARMON	SANDRA	PA	ACETAMINOPHEN/CAFFEIN	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		77.09
IBCFOCHCR	HARMON	SANDRA	PA	ACETAMINOPHEN/CAFFEIN	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		77.09
IBCFOCHCR	HARMON	SANDRA	PA	ACETAMINOPHEN/CAFFEIN	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		77.09
IBCFOCHCR	HARMON	SANDRA	PA	FENOPROFEN CALCIUM	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		263.38
IBCFOCHCR	HARMON	SANDRA	PA	FENOPROFEN CALCIUM	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		263.38
IBCFOCHCR	HARMON	SANDRA	PA	FENOPROFEN CALCIUM	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		263.38
IBCFOCHCR	HARMON	SANDRA	PA	FENOPROFEN CALCIUM	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		263.38
IBCFOCHCR	HARMON	SANDRA	PA	CYCLOBENZAPRINE HYDROCHLORIDE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		79.01
IBCFOCHCR	HARMON	SANDRA	PA	CYCLOBENZAPRINE HYDROCHLORIDE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		79.01
IBCFOCHCR	HARMON	SANDRA	PA	CYCLOBENZAPRINE HYDROCHLORIDE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		79.01
IBCFOCHCR	HARMON	SANDRA	PA	CYCLOBENZAPRINE HYDROCHLORIDE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		79.01
IBCFOCHCR	HARMON	SANDRA	PA	LIDOCAINE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		598.93
IBCFOCHCR	HARMON	SANDRA	PA	LIDOCAINE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		598.93
IBCFOCHCR	HARMON	SANDRA	PA	LIDOCAINE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		598.93
IBCFOCHCR	HARMON	SANDRA	PA	LIDOCAINE	20161128	6002719	1588048451	6002719	MD422681	5735 RIDGE	ANAND-NI	SONIA		598.93
AHA3890	QUINN	JOHN	PA	TRAMADOL HCL ER	20161202	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH		189.83
AHA3890	QUINN	JOHN	PA	TRAMADOL HCL ER	20161202	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH		189.83
AHA3890	QUINN	JOHN	PA	TRAMADOL HCL ER	20161202	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH		189.83
AHA3890	QUINN	JOHN	PA	TRAMADOL HCL ER	20161202	6002719	1588048451	6002719	MD422681	5735 RIDGE	MCGREGO	DEBORAH		189.83

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy			Pharmacy State	Pharmacy License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Amount
						Name	NPI	NCPDP	Paid to Pharmacy					
AHA3890	WILLIAMS MORI	ROCHELLE	PA	DICLOFENAC SODIUM	20161202	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	3,539.63
AHA3890	WILLIAMS MORI	ROCHELLE	PA	DICLOFENAC SODIUM	20161202	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	3,539.63
AHA3890	WILLIAMS MORI	ROCHELLE	PA	DICLOFENAC SODIUM	20161202	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	3,539.63
AHA3890	WILLIAMS MORI	ROCHELLE	PA	DICLOFENAC SODIUM	20161202	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	3,539.63
IBCFOCHCR	KURTZ	DAVID	PA	ESZOPICLONE	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	544.15
IBCFOCHCR	KURTZ	DAVID	PA	ESZOPICLONE	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	544.15
IBCFOCHCR	KURTZ	DAVID	PA	ESZOPICLONE	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	544.15
IBCFOCHCR	KURTZ	DAVID	PA	ESZOPICLONE	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	544.15
IBCFOCHCR	KURTZ	DAVID	PA	TRAMADOL HCL ER	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	206.08
IBCFOCHCR	KURTZ	DAVID	PA	TRAMADOL HCL ER	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	206.08
IBCFOCHCR	KURTZ	DAVID	PA	TRAMADOL HCL ER	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	206.08
IBCFOCHCR	KURTZ	DAVID	PA	TRAMADOL HCL ER	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	206.08
IBCFOCHCR	KURTZ	DAVID	PA	ACETAMINOPHEN/CAFFEIN	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	224.28
IBCFOCHCR	KURTZ	DAVID	PA	ACETAMINOPHEN/CAFFEIN	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	224.28
IBCFOCHCR	KURTZ	DAVID	PA	ACETAMINOPHEN/CAFFEIN	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	224.28
IBCFOCHCR	KURTZ	DAVID	PA	ACETAMINOPHEN/CAFFEIN	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	224.28
IBCFOCHCR	KURTZ	DAVID	PA	FENOPROFEN CALCIUM	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	259.38
IBCFOCHCR	KURTZ	DAVID	PA	FENOPROFEN CALCIUM	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	259.38
IBCFOCHCR	KURTZ	DAVID	PA	FENOPROFEN CALCIUM	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	259.38
IBCFOCHCR	KURTZ	DAVID	PA	FENOPROFEN CALCIUM	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	259.38
IBCFOCHCR	KURTZ	DAVID	PA	CYCLOBENZAPRINE HYDRO	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	354.80
IBCFOCHCR	KURTZ	DAVID	PA	CYCLOBENZAPRINE HYDRO	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	354.80
IBCFOCHCR	KURTZ	DAVID	PA	CYCLOBENZAPRINE HYDRO	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	354.80
IBCFOCHCR	KURTZ	DAVID	PA	CYCLOBENZAPRINE HYDRO	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	354.80
IBCFOCHCR	KURTZ	DAVID	PA	DICLOFENAC SODIUM	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	239.00
IBCFOCHCR	KURTZ	DAVID	PA	DICLOFENAC SODIUM	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	239.00
IBCFOCHCR	KURTZ	DAVID	PA	DICLOFENAC SODIUM	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	239.00
IBCFOCHCR	KURTZ	DAVID	PA	DICLOFENAC SODIUM	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	239.00
IBCFOCHCR	KURTZ	DAVID	PA	LIDOCAINE	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	723.50
IBCFOCHCR	KURTZ	DAVID	PA	LIDOCAINE	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	723.50
IBCFOCHCR	KURTZ	DAVID	PA	LIDOCAINE	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	723.50
IBCFOCHCR	KURTZ	DAVID	PA	LIDOCAINE	20161205	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	723.50
IBCFOCHCR	NAGY	VALERIE	PA	ESZOPICLONE	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	543.15
IBCFOCHCR	NAGY	VALERIE	PA	ESZOPICLONE	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	543.15
IBCFOCHCR	NAGY	VALERIE	PA	ESZOPICLONE	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	543.15

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy			Pharmacy State	Pharmacy License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Amount
						Name	NPI	NCPDP	Paid to Pharmacy					
IBCFOCHCR	NAGY	VALERIE	PA	ESZOPICLONE	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	543.15
IBCFOCHCR	NAGY	VALERIE	PA	TRAMADOL HCL ER	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	205.08
IBCFOCHCR	NAGY	VALERIE	PA	TRAMADOL HCL ER	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	205.08
IBCFOCHCR	NAGY	VALERIE	PA	TRAMADOL HCL ER	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	205.08
IBCFOCHCR	NAGY	VALERIE	PA	TRAMADOL HCL ER	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	205.08
IBCFOCHCR	NAGY	VALERIE	PA	ACETAMINOPHEN/CAFFEIN	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	298.87
IBCFOCHCR	NAGY	VALERIE	PA	ACETAMINOPHEN/CAFFEIN	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	298.87
IBCFOCHCR	NAGY	VALERIE	PA	ACETAMINOPHEN/CAFFEIN	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	298.87
IBCFOCHCR	NAGY	VALERIE	PA	ACETAMINOPHEN/CAFFEIN	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	298.87
IBCFOCHCR	NAGY	VALERIE	PA	FENOPROFEN CALCIUM	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	258.38
IBCFOCHCR	NAGY	VALERIE	PA	FENOPROFEN CALCIUM	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	258.38
IBCFOCHCR	NAGY	VALERIE	PA	FENOPROFEN CALCIUM	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	258.38
IBCFOCHCR	NAGY	VALERIE	PA	FENOPROFEN CALCIUM	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	258.38
IBCFOCHCR	NAGY	VALERIE	PA	CYCLOBENZAPRINE HYDRO	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	353.80
IBCFOCHCR	NAGY	VALERIE	PA	CYCLOBENZAPRINE HYDRO	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	353.80
IBCFOCHCR	NAGY	VALERIE	PA	CYCLOBENZAPRINE HYDRO	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	353.80
IBCFOCHCR	NAGY	VALERIE	PA	CYCLOBENZAPRINE HYDRO	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	353.80
IBCFOCHCR	NAGY	VALERIE	PA	DICLOFENAC SODIUM	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	238.00
IBCFOCHCR	NAGY	VALERIE	PA	DICLOFENAC SODIUM	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	238.00
IBCFOCHCR	NAGY	VALERIE	PA	DICLOFENAC SODIUM	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	238.00
IBCFOCHCR	NAGY	VALERIE	PA	DICLOFENAC SODIUM	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	238.00
IBCFOCHCR	NAGY	VALERIE	PA	LIDOCAINE	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	722.50
IBCFOCHCR	NAGY	VALERIE	PA	LIDOCAINE	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	722.50
IBCFOCHCR	NAGY	VALERIE	PA	LIDOCAINE	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	722.50
IBCFOCHCR	NAGY	VALERIE	PA	LIDOCAINE	20161212	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	722.50
IBCFOCHCR	KLIMOWICZ	JOHN	PA	ESZOPICLONE	20161216	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	541.15
IBCFOCHCR	KLIMOWICZ	JOHN	PA	ESZOPICLONE	20161216	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	541.15
IBCFOCHCR	KLIMOWICZ	JOHN	PA	ESZOPICLONE	20161216	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	541.15
IBCFOCHCR	KLIMOWICZ	JOHN	PA	ESZOPICLONE	20161216	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	541.15
IBCFOCHCR	KLIMOWICZ	JOHN	PA	TRAMADOL HCL ER	20161216	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	203.08
IBCFOCHCR	KLIMOWICZ	JOHN	PA	TRAMADOL HCL ER	20161216	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	203.08
IBCFOCHCR	KLIMOWICZ	JOHN	PA	TRAMADOL HCL ER	20161216	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	203.08
IBCFOCHCR	KLIMOWICZ	JOHN	PA	TRAMADOL HCL ER	20161216	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	203.08
IBCFOCHCR	KLIMOWICZ	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20161216	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	296.87
IBCFOCHCR	KLIMOWICZ	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20161216	6002719	1588048458	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	296.87

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	Pharmacy State	License Number	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Amount
									Paid to Pharmacy					
IBCFOCHCR	KLIMOWICZ	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	296.87
IBCFOCHCR	KLIMOWICZ	JOHN	PA	ACETAMINOPHEN/CAFFEIN	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	296.87
IBCFOCHCR	KLIMOWICZ	JOHN	PA	FENOPROFEN CALCIUM	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	256.38
IBCFOCHCR	KLIMOWICZ	JOHN	PA	FENOPROFEN CALCIUM	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	256.38
IBCFOCHCR	KLIMOWICZ	JOHN	PA	FENOPROFEN CALCIUM	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	256.38
IBCFOCHCR	KLIMOWICZ	JOHN	PA	FENOPROFEN CALCIUM	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	256.38
IBCFOCHCR	KLIMOWICZ	JOHN	PA	DICLOFENAC SODIUM	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	236.00
IBCFOCHCR	KLIMOWICZ	JOHN	PA	DICLOFENAC SODIUM	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	236.00
IBCFOCHCR	KLIMOWICZ	JOHN	PA	DICLOFENAC SODIUM	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	236.00
IBCFOCHCR	KLIMOWICZ	JOHN	PA	DICLOFENAC SODIUM	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	236.00
IBCFOCHCR	KLIMOWICZ	JOHN	PA	LIDOCAINE	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	720.50
IBCFOCHCR	KLIMOWICZ	JOHN	PA	LIDOCAINE	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	720.50
IBCFOCHCR	KLIMOWICZ	JOHN	PA	LIDOCAINE	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	720.50
IBCFOCHCR	KLIMOWICZ	JOHN	PA	LIDOCAINE	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	720.50
IBCFOCHCR	KLIMOWICZ	JOHN	PA	CYCLOBENZAPRINE HYDRO	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	351.80
IBCFOCHCR	KLIMOWICZ	JOHN	PA	CYCLOBENZAPRINE HYDRO	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	351.80
IBCFOCHCR	KLIMOWICZ	JOHN	PA	CYCLOBENZAPRINE HYDRO	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	351.80
IBCFOCHCR	KLIMOWICZ	JOHN	PA	CYCLOBENZAPRINE HCL	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	352.38
IBCFOCHCR	KLIMOWICZ	JOHN	PA	CYCLOBENZAPRINE HCL	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	352.38
IBCFOCHCR	KLIMOWICZ	JOHN	PA	CYCLOBENZAPRINE HCL	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	352.38
IBCFOCHCR	KLIMOWICZ	JOHN	PA	CYCLOBENZAPRINE HCL	20161216	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	352.38
AHA	GARTLAND	BARBARA	PA	TRAMADOL HCL ER	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	189.83
AHA	GARTLAND	BARBARA	PA	TRAMADOL HCL ER	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	189.83
AHA	GARTLAND	BARBARA	PA	TRAMADOL HCL ER	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	189.83
AHA	GARTLAND	BARBARA	PA	TRAMADOL HCL ER	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	189.83
AHA	GARTLAND	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	283.62
AHA	GARTLAND	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	283.62
AHA	GARTLAND	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	283.62
AHA	GARTLAND	BARBARA	PA	ACETAMINOPHEN/CAFFEIN	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	283.62
AHA	GARTLAND	BARBARA	PA	CYCLOBENZAPRINE HYDRO	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	338.55
AHA	GARTLAND	BARBARA	PA	CYCLOBENZAPRINE HYDRO	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	338.55
AHA	GARTLAND	BARBARA	PA	CYCLOBENZAPRINE HYDRO	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	338.55
AHA	GARTLAND	BARBARA	PA	CYCLOBENZAPRINE HYDRO	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	338.55
AHA	GARTLAND	BARBARA	PA	DICLOFENAC SODIUM	20161223	6002719	1588048451	6002719	MD	422681	5735 RIDGE	MCGREGO	DEBORAH	222.75

Government File 309A IAMS CLAIMS PRIOR TO CREATE DATE OF JAN 3 2017

Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy			Pharmacy State	Pharmacy Address	Prescriber Last Name	Prescriber First Name	Amount
						Pharmacy Name	Pharmacy NPI	Pharmacy NCPDP	License Number				Paid to Pharmacy
AHA	GARTLAND	BARBARA	PA	DICLOFENAC SODIUM	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		222.75
AHA	GARTLAND	BARBARA	PA	DICLOFENAC SODIUM	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		222.75
AHA	GARTLAND	BARBARA	PA	DICLOFENAC SODIUM	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		222.75
AHA	GARTLAND	BARBARA	PA	LIDOCAINE	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		238.54
AHA	GARTLAND	BARBARA	PA	LIDOCAINE	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		238.54
AHA	GARTLAND	BARBARA	PA	LIDOCAINE	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		238.54
AHA	GARTLAND	BARBARA	PA	LIDOCAINE	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		238.54
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		TRAMADOL HCL ER	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		194.83
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		TRAMADOL HCL ER	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		194.83
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		TRAMADOL HCL ER	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		194.83
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		TRAMADOL HCL ER	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		194.83
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		ACETAMINOPHEN/CAFFEIN	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		288.62
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		ACETAMINOPHEN/CAFFEIN	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		288.62
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		ACETAMINOPHEN/CAFFEIN	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		288.62
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		ACETAMINOPHEN/CAFFEIN	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		288.62
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		CYCLOBENZAPRINE HYDRO	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		343.55
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		CYCLOBENZAPRINE HYDRO	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		343.55
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		CYCLOBENZAPRINE HYDRO	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		343.55
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		CYCLOBENZAPRINE HYDRO	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		343.55
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		DICLOFENAC SODIUM	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		227.75
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		DICLOFENAC SODIUM	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		227.75
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		DICLOFENAC SODIUM	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		227.75
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		DICLOFENAC SODIUM	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		227.75
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		LIDOCAINE	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		712.25
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		LIDOCAINE	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		712.25
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		LIDOCAINE	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		712.25
IBCFOCCOM WILLIAMS	CHRISTOPHE	PA		LIDOCAINE	20161223	6002719	158804845	6002719	MD422681	5735 RIDGE	MCGREGO DEBORAH		712.25
TOTAL													278,718.50

claims data 309 A providers Not In Practice

												Amount
Carrier	Member Last Name	Member First Name	Member State	NDC Drug Name	Filled Date	Pharmacy NCPDP	Pharmacy Address	Pharmacy State	Pharmacy Zip	Prescriber Last Name	Prescriber First Name	Paid to Pharmacy
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	28.58
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	28.58
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	28.58
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	16.79
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	16.79
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	16.79
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	16.79
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	16.79
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	16.79
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	28.58
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	28.58
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	28.58
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	28.58
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	28.58
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	28.58
KAISERPD	SCALES	MARGARET	CA	DORZOLAMIDE HCL/TIMOLOL MALEATE	20161012	0904727	700 2ND ST NE STE L18	DC	20002	BRALLIAR	BRIGGS	28.58
CTRHS605: KRZYNSKI	CHRIS	WI		FENTANYL	20161104	5107847	9041 W HEATHER AVE	WI	53224	COHEN	RONALD	32.34
CTRHS605: KRZYNSKI	CHRIS	WI		FENTANYL	20161104	5107847	9041 W HEATHER AVE	WI	53224	COHEN	RONALD	32.34
HNJ	MCCULLER	KENNETH	NJ	PANTOPRAZOLE SODIUM	20170530	1718634	6800 WEST 115TH STREET	KS	66211	DESAI	GAUTAM	0.00
RWTC2C	PETERS	MARION	IL	WARFARIN SODIUM	20190618	1403536	33 S PLUM GROVE RD	IL	60067	DESAI	BELA	-2.83
RWTC2C	PETERS	MARION	IL	WARFARIN SODIUM	20190618	1403536	33 S PLUM GROVE RD	IL	60067	DESAI	BELA	-2.83
DSHS	BIEHN	DAVID	WA	PRAZOSIN HCL	20190401	4924937	11100 ROOSEVELT WAY NE	WA	98125	DONELAN	BETH	33.20
DSHS	BIEHN	DAVID	WA	PRAZOSIN HCL	20190401	4924937	11100 ROOSEVELT WAY NE	WA	98125	DONELAN	BETH	33.20
GAM	SHARPE	BRENDA	GA	CLONAZEPAM	20170809	1128974	2425 MEMORIAL DRIVE	GA	31501	ELDRIDGE	FRANK	7.54
GAM	SHARPE	BRENDA	GA	CLONAZEPAM	20170809	1128974	2425 MEMORIAL DRIVE	GA	31501	ELDRIDGE	FRANK	7.54
UDIPPP	REYES	MARIA	NM	D-5000	20170712	3205932	221 W HALL ST	NM	87937	GUERRERO	RENE	0.00
RWTPHARI	CHERRY	CARRIE	TN	ALPRAZOLAM	20170913	4424711	1000 GAINESBORO HIGHWAY	TN	38551	HAYES	MANDY	-5.88
RWTPHARI	CHERRY	CARRIE	TN	ALPRAZOLAM	20170913	4424711	1000 GAINESBORO HIGHWAY	TN	38551	HAYES	MANDY	-5.88
RWTPHARI	CHERRY	CARRIE	TN	ALPRAZOLAM	20170913	4424711	1000 GAINESBORO HIGHWAY	TN	38551	HAYES	MANDY	-5.88
RWTPHARI	CHERRY	CARRIE	TN	ALPRAZOLAM	20170913	4424711	1000 GAINESBORO HIGHWAY	TN	38551	HAYES	MANDY	-5.88
SCW	MYRICK	LISA	NJ	MONTELUKAST SODIUM	20161214	3139791	2988 ROUTE 516 AND RED OAI	NJ	08857	JAFRI	RANA	0.00
SCW	MYRICK	LISA	NJ	MONTELUKAST SODIUM	20161214	3139791	2988 ROUTE 516 AND RED OAI	NJ	08857	JAFRI	RANA	0.00
PMCMSB	RICHTER	ANDREA	NY	HYDROMORPHONE HCL	20170728	5801976	790 PARK PLACE	NY	11561	KAO	WEI	0.00
PMCMSB	RICHTER	ANDREA	NY	HYDROMORPHONE HCL	20170728	5801976	790 PARK PLACE	NY	11561	KAO	WEI	0.00
PMCMSB	RICHTER	ANDREA	NY	HYDROMORPHONE HCL	20170728	5801976	790 PARK PLACE	NY	11561	KAO	WEI	0.00
VAH	WHITE	ADELAIDE	VA	CLONIDINE HYDROCHLORIDE	20170628	4824341	1320 COURT STREET	VA	23704	LEXIER	LENARD	4.81
VAH	WHITE	ADELAIDE	VA	CLONIDINE HYDROCHLORIDE	20170628	4824341	1320 COURT STREET	VA	23704	LEXIER	LENARD	4.81
VAH	WHITE	ADELAIDE	VA	CLONIDINE HYDROCHLORIDE	20170628	4824341	1320 COURT STREET	VA	23704	LEXIER	LENARD	4.81
VAH	WHITE	ADELAIDE	VA	CLONIDINE HYDROCHLORIDE	20170628	4824341	1320 COURT STREET	VA	23704	LEXIER	LENARD	4.81

claims data 309 A providers Not In Practice

Carrier	Member			NDC Drug Name	Filled Date	Pharmacy		Pharmacy State	Pharmacy Zip	Prescriber Last Name	Prescriber First Name	Amount
	Last Name	First Name	Member State			NCPDP	Pharmacy Address					Paid to Pharmacy
VAH	WHITE	ADELAIDE	VA	CLONIDINE HYDROCHLORIDE	20170628	4824341	1320 COURT STREET	VA	23704	LEXIER	LENARD	4.81
VAH	WHITE	ADELAIDE	VA	CLONIDINE HYDROCHLORIDE	20170628	4824341	1320 COURT STREET	VA	23704	LEXIER	LENARD	4.81
VAH	WHITE	ADELAIDE	VA	CLONIDINE HYDROCHLORIDE	20170628	4824341	1320 COURT STREET	VA	23704	LEXIER	LENARD	4.81
VAH	WHITE	ADELAIDE	VA	CLONIDINE HYDROCHLORIDE	20170628	4824341	1320 COURT STREET	VA	23704	LEXIER	LENARD	4.81
VAH	WHITE	ADELAIDE	VA	CLONIDINE HYDROCHLORIDE	20170628	4824341	1320 COURT STREET	VA	23704	LEXIER	LENARD	4.81
VAH	WHITE	ADELAIDE	VA	CLONIDINE HYDROCHLORIDE	20170628	4824341	1320 COURT STREET	VA	23704	LEXIER	LENARD	4.81
VAH	WHITE	ADELAIDE	VA	CLONIDINE HYDROCHLORIDE	20170628	4824341	1320 COURT STREET	VA	23704	LEXIER	LENARD	4.81
VAH	WHITE	ADELAIDE	VA	CLONIDINE HYDROCHLORIDE	20170628	4824341	1320 COURT STREET	VA	23704	LEXIER	LENARD	4.81
PBS7028	LABRUCHE	JOAN		BUTALBITAL/ACETAMINOPHEN/CAFFEINI	20170124	0551499	470 BLOSSOM HILL RD	CA	95123	LIN	JIMMY	13.36
PBS7028	LABRUCHE	JOAN		BUTALBITAL/ACETAMINOPHEN/CAFFEINI	20170124	0551499	470 BLOSSOM HILL RD	CA	95123	LIN	JIMMY	13.36
RST	GOODWIN	LARRY F	MO	JANUVIA	20190222	2623610	6201 KING HILL AVE	MO	64504	MACE	BRITTANY	0.00
PDMPC	JOHNSON	DARRELL	CO	DULOXETINE HYDROCHLORIDE	20160916	0613895	557 BURBANK STREET	CO	80020	MAHALINGAM	INDIRA	50.25
PDMPC	JOHNSON	DARRELL	CO	DULOXETINE HYDROCHLORIDE	20160916	0613895	557 BURBANK STREET	CO	80020	MAHALINGAM	INDIRA	50.25
GAM	JOHNSON	NICHOLAS	GA	CLONIDINE HCL	20160812	1153244	201 WALMART DRIVE	GA	31024	MINN	KYAW	1.64
GAM	JOHNSON	NICHOLAS	GA	CLONIDINE HCL	20160812	1153244	201 WALMART DRIVE	GA	31024	MINN	KYAW	1.64
INM	TAYLOR	NAAELL	IN	CETIRIZINE HYDROCHLORIDE	20190612	1563902	5349 PIKE PLAZA ROAD	IN	46254	NTI	BENJAMIN	7.99
INM	TAYLOR	NAAELL	IN	CETIRIZINE HYDROCHLORIDE	20190612	1563902	5349 PIKE PLAZA ROAD	IN	46254	NTI	BENJAMIN	7.99
OCRNA	TASHJIAN	CLAUDETTE		ATORVASTATIN CALCIUM	20160705	1077204	15461 SW 12TH ST	FL	33326	ORDONEZ	JOSE	43.33
GAM	SIMS	KAVIYONN	GA	PREDNISONE	20171009	1133850	1036 E FORSYTH ST	GA	31709	PEACHEY	TRENT	4.27
GAM	SIMS	KAVIYONN	GA	PREDNISONE	20171009	1133850	1036 E FORSYTH ST	GA	31709	PEACHEY	TRENT	4.27
KAISERPD	ROBISON	RANDALL	CA	TERAZOSIN HCL	20180718	0502547	5 CENTERPOINTE DR	CA	90623	PHAM	PHUONG-T	6.89
ASSSTPA	ORTIZ COR	ENEIDA	PR	METFORMIN HYDROCHLORIDE	20170222	4024799	CARR PR 402 KM 2.9	PR	00610	VELEZ GONZALEZ	MARIO	3.56
RWTC2C	NORWOOD	NANCY	CA	SODIUM CHLORIDE	20170915	0516647	765 FOOTHILL BOULEVARD	CA	93405	VENDEGNA	THOMAS	-6.45
RWTC2C	NORWOOD	NANCY	CA	SODIUM CHLORIDE	20170915	0516647	765 FOOTHILL BOULEVARD	CA	93405	VENDEGNA	THOMAS	-6.45
BAZ	PAULOW	SANDRA	AZ	PREMARIN	20180618	2993942	8350 BRIOVA DRIVE	NV	89113	ZACHER	BONNIE	294.64
BAZ	PAULOW	SANDRA	AZ	PREMARIN	20180618	2993942	8350 BRIOVA DRIVE	NV	89113	ZACHER	BONNIE	294.64
PBS7028	ZWIYA	HIBA	TX	DIVALPROEX SODIUM DR	20180103	5904570	13003 TOMBALL PKWY	TX	77086	ORTIZ	FRANCISCO	0.08
PBS7028	ZWIYA	HIBA	TX	DIVALPROEX SODIUM DR	20180103	5904570	13003 TOMBALL PKWY	TX	77086	ORTIZ	FRANCISCO	0.08

Comparison of Pharmacies MDScripts Payments vs Government Alleged Payments File 309A

Pharmacy Name	Pharmacy ID	Patient Name	Date of Service	MDScrip vs Gov	MDScrip Payments	Gov 309A Payments
IAMs	61001 6002719	Linda Bates	4/25/2019	IBC vs IBC	2775.97	5255.92
IAMS	61001 600271 9	Robert Flynn	7/13/2018	IBC vs IBC	2788	4094.10
IAMS	61001 6002719	Francis Masino	1/6/2017	IBC vs IBC	1974.86	2982.82
AMI	60888	Michael Derbyshire	6/27/2017	IBC vs IBC	6059.57	7743.05
AMI	60888	Tracie Robinson	8/29/17	IBC vs IBC	4406.62	5901.87
AMI	60888	Maria Sideris	5/22/2018	IBC vs IBC	4162.67	5170.92
AMI	60888	Shadha Andrews *	10/10/2018	Aetna vs IBC	4028.61	16788.18
AMI	60888	Shadha Andrews*	11/7/2018	Aetna vs IBC	3646.35	7212.70
AMI	60888	Tamara Gage ***	7/3/2018	Med Part D Aetna vs IBC	4231.98	4581.16
AMI	60888	Tamara Gage ***	3/22/2017	Med Part D Aetna vs IBC	1464.75	2174.79
AMI	60888	Geraldine Lynch	6/21/2017	IBC vs IBC	2952.56	3974.09
AMI	60888	Fred Glasgow **	5/15/2018	Cataraman/FEDEX	2604.35	5194.70
AMI	60888	Fred Glasgow **	11/28/2017	Cataraman/FEDEX	2196.73	3064.23
AMI	60888	John Klapach	6/6/2018	IBC vs IBC	2515.14	5030.28
AMI	60888	Christopher McDermott	5/9/2018	IBC vs IBC	2629.59	5259.18
BUCKS	38355	Rose Dugan	10/5/2016	IBC vs IBC	2557.98	6826.26
BUCKS	38355	Heather Frost	10/12/2016	IBC vs IBC	3483.46	9473.96
BUCKS	38355	Angelique Gottlieb	10/12/2016	IBC vs IBC	3673.65	9151.42
BUCKS	38355	James Labenz	10/12/2016	Catamaran vs IBC	3947.82	11288.20
BUCKS	38355	Geraldine Lynch	10/12/2016	IBC vs IBC	3483.46	9473.96
BUCKS	38355	Dannon Witherspoon	10/12/2016	IBC vs IBC	3539.37	10249.48
BUCKS	38355	Frederick Glasgow **	10/5/2016	Catamaran vs FEDEX	5432.33	16327.45

NOTE:

*. Shadha Andrews Aetna ID W197078455. Claim paid by Aetna not IBC as alleged in Govt File 309A

**. Fred Glasgow claims paid by Cataraman not IBC as alleged in Govt File 309A

***. Tamara Gage claims paid by Aetna Advantage Plan not IBC as alleged in Govt File 309A

Government Claims Data File 301- PDE Records

The following patients were never seen by Dr. Neil Anand.

1. Lavezzi, Jonathan – Prescribing doctor was Dr. Pavan Anand
2. Robert Jones – Prescribing doctor was Dr. Neil Shah
3. Nam Sung- Per CVS no script under Dr Neil Anand
4. Merle, McGarvey – Per Giant Pharmacist Laura script under a different provider.
Giant Pharmacy Phone # 814-948-9732
5. Margaret Santiago – Zubair Faraoqui was her primary doctor. Phone number 813-252-2770.
Per Juliet, Margaret Santiago was in a Florida Hospital on May 12, 2019. She was seen in the office on May 16, 2019
6. Richard Schnure – No records of Diclofenac Sodium and Lidocaine dispensed from Institute of Advanced Medicine and Surgery.
7. The rest of the 17 patients were seen and treated for diabetes by Dr. Rishi Anand.

Bene_Name	Bene_State	Bene_Birthdate	HST_Bene_Stat	tot_pd_p ln_govt_bene_ot her	Drug_FDB_product_name	Date_Date_of_Service	SC_Contract_name	Pharmacy_name	Prscrbr_Prescriber_ID_Per_PDE	Prescriber_name
ALIBERTO, MARIE	PA	26-Sep-53	PA	3.53	METFORMIN HCL	22-Jun-15	UNITEDHEALTHCARE INS. CO. & UHC INS.	CVS PHARMACY #02880	1982626818	Anand, Neil
ALIBERTO, MARIE	PA	26-Sep-53	PA	3.61	METFORMIN HCL	9-Sep-15	UNITEDHEALTHCARE INS. CO. & UHC INS.	CVS PHARMACY #02880	1982626818	Anand, Neil
ALIBERTO, MARIE	PA	26-Sep-53	PA	332.47	JANUVIA	27-Mar-15	UNITEDHEALTHCARE INS. CO. & UHC INS.	CVS PHARMACY #02880	1982626818	Anand, Neil
AZOFF, CAROL A	PA	17-Feb-39	PA	32.89	LEVOTHYROXINE SODIUM	6-Dec-18	SILVERSCRIPT INSURANCE COMPANY	CVS PHARMACY #02223	1982626818	Anand, Neil
BAUSO, UNA E	NJ	24-Aug-46	NJ	9.75	LEVOTHYROXINE SODIUM	7-Mar-15	HORIZON INSURANCE COMPANY	RITE AID PHARMACY 00833	1982626818	Anand, Neil
BEGUM, AMINA	PA	1-Dec-39	PA	345.06	INVOKANA	19-Jun-15	SILVERSCRIPT INSURANCE COMPANY	CVS PHARMACY #02568	1982626818	Anand, Neil
BROWN, ANDREA E	NJ	1-Sep-65	PA	24.88	NOVOLIN 70-30	8-Sep-15	HUMANA INSURANCE COMPANY	WAL-MART PHARMACY 10-2068	1982626818	Anand, Neil
BROWN, ANDREA E	NJ	1-Sep-65	PA	24.88	NOVOLIN 70-30	29-Sep-15	HUMANA INSURANCE COMPANY	WAL-MART PHARMACY 10-2068	1982626818	Anand, Neil
BROWN, ANDREA E	NJ	1-Sep-65	PA	24.88	NOVOLIN 70-30	21-Oct-15	HUMANA INSURANCE COMPANY	WAL-MART PHARMACY 10-2068	1982626818	Anand, Neil
BROWN, ANDREA E	NJ	1-Sep-65	PA	24.88	NOVOLIN 70-30	22-Nov-15	HUMANA INSURANCE COMPANY	WAL-MART PHARMACY 10-2068	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	30-Jan-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	27-Feb-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	26-Mar-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	22-Apr-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	20-May-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	17-Jun-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	30.17	REPAGLINIDE	15-Jul-19	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	47.5	REPAGLINIDE	24-Nov-17	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	47.5	REPAGLINIDE	27-Dec-17	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	50.71	REPAGLINIDE	23-Jan-18	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	43.98	REPAGLINIDE	23-Nov-18	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
BROWN, BRUCE C	PA	4-Nov-62	PA	43.98	REPAGLINIDE	15-Dec-18	HM HEALTH INSURANCE COMPANY	CHARLIE'S PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	22.1	CLICKFINE	30-Mar-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	22.1	CLICKFINE	29-Jun-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	22.1	CLICKFINE	8-Oct-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	22.1	CLICKFINE	12-Feb-16	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	42.52	ULTICARE PEN NEEDLE	11-Jul-16	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	42.52	ULTICARE PEN NEEDLE	6-Dec-16	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	393.4	LEVEMIR FLEXTOUCH	30-Mar-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	393.4	LEVEMIR FLEXTOUCH	1-Jun-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	393.4	LEVEMIR FLEXTOUCH	15-Aug-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
CARBALLO, CARMEN L	PA	26-Aug-46	PA	213.84	LEVEMIR FLEXTOUCH	1-Dec-15	KEYSTONE HEALTH PLAN EAST, INC.	YORKE PHARMACY	1982626818	Anand, Neil
COSTANZO, JOSEPHINE E	PA	1-Oct-31	PA	1248.43	TRADJENTA	27-Nov-18	SILVERSCRIPT INSURANCE COMPANY	CVS PHARMACY #02554	1982626818	Anand, Neil
COSTANZO, JOSEPHINE E	PA	1-Oct-31	PA	1319.37	TRADJENTA	16-Feb-19	SILVERSCRIPT INSURANCE COMPANY	CVS PHARMACY #02554	1982626818	Anand, Neil
COSTANZO, JOSEPHINE E	PA	1-Oct-31	PA	440.06	TRADJENTA	20-Jun-19	SILVERSCRIPT INSURANCE COMPANY	CVS PHARMACY #02554	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	37.78	ULTRA-FINE MINI PEN NEED	19-Feb-15	WELL CARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	37.78	ULTRA-FINE MINI PEN NEED	13-Jun-15	WELL CARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	37.78	ULTRA-FINE MINI PEN NEED	21-Jul-15	WELL CARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	37.78	ULTRA-FINE MINI PEN NEED	19-Aug-15	WELL CARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	502.32	BYETTA	13-Mar-15	WELL CARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	360.46	INVOKANA	14-Apr-15	WELL CARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	391.78	LANTUS SOLOSTAR	1-Sep-15	WELL CARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	391.78	LANTUS SOLOSTAR	2-Dec-15	WELL CARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil
FUENTES, LUMA L	PA	22-Jul-78	PA	165.86	APIDRA SOLOSTAR	20-Feb-15	WELL CARE PRESCRIPTION INSURANCE, IN	GIANT PHARMACY	1982626818	Anand, Neil

Bene_Name	Bene_State	Bene_Birthdate	HST_Bene_Stat	tot_pd_p ln_govt_bene_ot her	Drug_FDB_product_name	Date_Date_of_Service	SC_Contract_name	Pharmacy_name	Prscrbr_Prescriber_ID_Per_PDE	Prescriber_name
FUENTES, LUMA L	PA	22-Jul-78	PA	83.48	HUMALOG KWIKPEN U-100	14-Mar-15	WELLCARE PRESCRIPTION INSURANCE, INC	GIANT PHARMACY	1982626818	Anand, Neil
KASPERITIS, CARL	PA	28-Dec-42	PA	159.75	REPAGLINIDE	8-Jul-15	SILVERSCRIPT INSURANCE COMPANY	RITE AID PHARMACY 00923	1982626818	Anand, Neil
KASPERITIS, CARL	PA	28-Dec-42	PA	159.75	REPAGLINIDE	2-Oct-15	SILVERSCRIPT INSURANCE COMPANY	RITE AID PHARMACY 00923	1982626818	Anand, Neil
LAROSA, FRANK P	PA	13-Jan-51	PA	198.35	BASAGLAR KWIKPEN U-100	4-Mar-19	SILVERSCRIPT INSURANCE COMPANY	PUBLIX PHARMACY #0336	1982626818	Anand, Neil
LAVEZZI, JONATHAN R	FL	10-May-82	FL	39.83	NYSTATIN	14-Jul-16	MEDCO CONTAINMENT LIFE AND MEDCO	JOHN'S PHARMACY	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	9.36	LISINOPRIL	8-Nov-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	9.36	LISINOPRIL	1-May-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	9.36	LISINOPRIL	11-Aug-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	39.68	PRAVASTATIN SODIUM	27-Jul-16	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	34.2	PRAVASTATIN SODIUM	7-Nov-16	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	22.75	PRAVASTATIN SODIUM	1-Feb-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	28.76	PRAVASTATIN SODIUM	4-May-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	10.2	PRAVASTATIN SODIUM	11-Aug-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	10.2	PRAVASTATIN SODIUM	8-Sep-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	10.2	PRAVASTATIN SODIUM	10-Oct-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	10.2	PRAVASTATIN SODIUM	8-Nov-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	10.2	PRAVASTATIN SODIUM	11-Dec-17	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCGARVEY, MERLE A	PA	22-Aug-33	PA	7.3	PRAVASTATIN SODIUM	13-Jan-18	HIGHMARK SENIOR HEALTH COMPANY	GIANT EAGLE PHARMACY #0482	1982626818	Anand, Neil
MCSHERRY, MARGARET	PA	10-Dec-48	PA	120.16	ULTRA-FINE NANO PEN NEE	9-Apr-15	MEDCO CONTAINMENT LIFE AND MEDCO	EXPRESS SCRIPTS	1982626818	Anand, Neil
NAM, SUNG B	PA	12-Sep-45	PA	27.37	OMEPRAZOLE	30-Nov-18	ENVISION INSURANCE COMPANY	CVS PHARMACY #01312	1982626818	Anand, Neil
NAM, SUNG B	PA	12-Sep-45	PA	27.37	OMEPRAZOLE	31-Dec-18	ENVISION INSURANCE COMPANY	CVS PHARMACY #01312	1982626818	Anand, Neil
NAM, SUNG B	PA	12-Sep-45	PA	14.74	OMEPRAZOLE	29-Jan-19	ENVISION INSURANCE COMPANY	CVS PHARMACY #01312	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	2.76	FLUCONAZOLE	20-Jul-15	UNITEDHEALTHCARE INSURANCE COMPAN	CVS PHARMACY #07863	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	2.76	FLUCONAZOLE	24-Jul-15	UNITEDHEALTHCARE INSURANCE COMPAN	CVS PHARMACY #07863	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	3.76	METFORMIN HCL	4-Jun-15	UNITEDHEALTHCARE INSURANCE COMPAN	CVS PHARMACY #07863	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	477.52	BYDUREON PEN	5-Jun-15	UNITEDHEALTHCARE INSURANCE COMPAN	CVS PHARMACY #07863	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	510.89	BYDUREON PEN	1-Jul-15	UNITEDHEALTHCARE INSURANCE COMPAN	CVS PHARMACY #07863	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	510.54	BYDUREON PEN	3-Aug-15	LIMITED INCOME NET PROGRAM	CVS PHARMACY #07863	1982626818	Anand, Neil
NOVELLO, LAURA J	PA	20-Sep-71	PA	344.66	JARDIANCE	8-Jun-15	UNITEDHEALTHCARE INSURANCE COMPAN	CVS PHARMACY #07863	1982626818	Anand, Neil
PEKARSKI, KALINA M	PA	3-Feb-74	PA	13.43	ACARBOSE	12-Sep-16	CIGNA HEALTH AND LIFE INSURANCE COM	RITE AID PHARMACY 02267	1982626818	Anand, Neil
PEKARSKI, KALINA M	PA	3-Feb-74	PA	13.43	ACARBOSE	11-Oct-16	CIGNA HEALTH AND LIFE INSURANCE COM	RITE AID PHARMACY 02267	1982626818	Anand, Neil
PEKARSKI, KALINA M	PA	3-Feb-74	PA	13.43	ACARBOSE	11-Nov-16	CIGNA HEALTH AND LIFE INSURANCE COM	RITE AID PHARMACY 02267	1982626818	Anand, Neil
PEKARSKI, KALINA M	PA	3-Feb-74	PA	13.43	ACARBOSE	9-Dec-16	CIGNA HEALTH AND LIFE INSURANCE COM	RITE AID PHARMACY 02267	1982626818	Anand, Neil
PONE, JANE E	PA	11-Nov-44	PA	216.11	NOVOLOG FLEXPEN	25-May-16	HIGHMARK SENIOR HEALTH COMPANY	RITE AID PHARMACY 02267	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2406.74	FORTEO	10-May-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2644.88	FORTEO	8-Jun-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2644.88	FORTEO	6-Jul-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2644.88	FORTEO	5-Aug-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 07727	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2644.88	FORTEO	2-Sep-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2644.88	FORTEO	28-Sep-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	2644.88	FORTEO	25-Oct-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
RICCARDI, ANTHONY N	PA	22-Jun-78	PA	1006.66	PROLIA	29-Nov-16	HEALTH PARTNERS PLANS, INC.	RITE AID PHARMACY 00850	1982626818	Anand, Neil
SANTIAGO, MARGARET	FL	22-Feb-36	FL	32	ENALAPRIL MALEATE	20-May-19	CAREPLUS HEALTH PLANS, INC.	WALGREENS	1982626818	Anand, Neil

Bene_Name	Bene_State	Bene_Birthdate	HST_Bene_Stat	tot_pd_p ln_govt_bene_ot her	Drug_FDB_product_name	Date_Date_of_Service	SC_Contract_name	Pharmacy_name	Prscribr_Prescriber_ID_Per_PDE	Prescriber_name
SANTIAGO, MARGARET	FL	22-Feb-36	FL	3.12	METOPROLOL TARTRATE	28-Mar-19	CAREPLUS HEALTH PLANS, INC.	ROYAL RX PHARMACY INC	1982626818	Anand, Neil
SCHNURE, RICHARD A	PA	1-Dec-37	PA	111.7	DICLOFENAC SODIUM	3-Jul-17	KEYSTONE HEALTH PLAN EAST, INC.	INSTITUTE OF ADVANCED MEDICIN	1982626818	Anand, Neil
SCHNURE, RICHARD A	PA	1-Dec-37	PA	148.04	LIDOCAINE	3-Jul-17	KEYSTONE HEALTH PLAN EAST, INC.	INSTITUTE OF ADVANCED MEDICIN	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	37.26	ULTRA-FINE SHORT PEN NEE	11-Dec-15	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	37.26	ULTRA-FINE SHORT PEN NEE	14-Mar-16	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	37.26	ULTRA-FINE SHORT PEN NEE	18-Jun-16	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	344.26	LANTUS SOLOSTAR	11-Dec-15	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	381.51	LANTUS SOLOSTAR	28-Jan-16	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	381.51	LANTUS SOLOSTAR	10-Apr-16	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil
TERMYNA JR, JOSEPH M	PA	9-May-33	PA	303.81	LANTUS SOLOSTAR	19-May-16	KEYSTONE HEALTH PLAN EAST, INC.	RITE AID PHARMACY 02267	1982626818	Anand, Neil

Bene_Name	Bene_State	Bene_Birthdate	HST_Bene_State	tot_pd_p ln_govt_bene_ot her	Drug_FDB_product_name	Date_Date_of_Service	SC_Contract_name	Pharmacy_name	Prscrbr_Prescriber_ID_Per_PDE	Prescriber_name
JONES, ROBERT	PA	26-Jun-51	PA	167.7	CLONIDINE	20-Sep-18	SILVERSCRIPT INSURANCE COMPANY	JUST HERE PHARMACY	1982626818	Anand, Neil
JONES, ROBERT	PA	26-Jun-51	PA	167.7	CLONIDINE	10-Oct-18	SILVERSCRIPT INSURANCE COMPANY	JUST HERE PHARMACY	1982626818	Anand, Neil
JONES, ROBERT	PA	26-Jun-51	PA	167.7	CLONIDINE	5-Nov-18	SILVERSCRIPT INSURANCE COMPANY	JUST HERE PHARMACY	1982626818	Anand, Neil
JONES, ROBERT	PA	26-Jun-51	PA	167.7	CLONIDINE	28-Nov-18	SILVERSCRIPT INSURANCE COMPANY	JUST HERE PHARMACY	1982626818	Anand, Neil
JONES, ROBERT	PA	26-Jun-51	PA	167.7	CLONIDINE	24-Dec-18	SILVERSCRIPT INSURANCE COMPANY	JUST HERE PHARMACY	1982626818	Anand, Neil

Institute Of Advanced Medicine and Surgery
Neil Anand MD
3554 Hulmeville Rd. Suite 101
Bensalem, Pa 19020
Ph: 2153108087 Fax 215-940-9690

CVS: Prescription Records

Ph: 8002872414 Opt 3,5

Fax#: 401-765-9304

Re: Nam, Sung B

DOB: 9/12/1945

This is to confirm if the script for omeprazole 20 mg for Sung Nam filled on 11/30/2018 and 12/31/2018 and 1/29/2019 at CVS store number 01312 on 1111 N 9th St Stroudsburg, PA, 18360 written by Dr. Neil Anand. If this information is incorrect please provide confirmation that Dr. Neil Anand did not write the script and that it was written by another physician.

Thanks

Maria Costanzo – Office Manager

 — (prescribing Dr's signature)
MD(42268)



Prescription Records Service Center
One CVS Drive
Woonsocket, RI 02895
Mail Code B120

**Private and Confidential
Intended for Addressee Only**

4885957
INSTITUTE FOR ADVANCED MEDICINE AND SURGERY
NEIL ANAND, MD
3554 HULMEVILLE RD, STE 101
BENSALEM PA 19020

08/22/2022

Re :
NAM, SUNG B

In response to your request, a thorough search of our files and databases was completed with the information provided and **no such records were located.**

If you have questions regarding this report you may contact the Prescription Records Service Center at 1-800-287-2414 or email us at PrescriptionRecordSvcCenter@CVSCaremark.com.

Sincerely,
CVS/pharmacy Prescription Records Service Center

ELECTRONIC RX:

(" " NEW " ")

JUST HERE PHARMACY

3800 N. BROAD STREET, PHILADELPHIA, PA 19140

Phone: (215) 228-3470

Fax: (215) 228-3473

Message Id. : 82818010997472315

Sent Date: 09/20/2018

Sent Time: 13:59

Rx # 243259

Patient Name: JONES, ROBERT

Phone : 215-303-9889

DOB: 06/26/1951

Gender: M

Address: 1717 HUNTING PARK APT. 930, PHILADELPHIA, PA

Prescriber : SHAH, NEIL

Phone: 215-762-2688

SPI: 2366788965002

DEA:

NPI: 1760975536

Address: 219 NORTH BROAD STREET, PHILADELPHIA, PA 19140

Supervisor: GOLDMAN, JESSE (M.D.)

Drug: CloNIDine HCl - 0.2 MG/24HR Transdermal Patch
Weekly

Qty: 4

Diag Code 1 : 110

Essential (primary) hypertensi

Refills: 1

Day supply: 28

Rx date: 09/20/2018

Sig: APPLY 1 PATCH WEEKLY AS DIRECTED.

Notes:

DAW: The prescriptions will be filled generically unless the
prescriber writes "DAW" in the box.

PRESCRIPTION ELECTRONICALLY SIGNED BY SHAH, NEIL

RXNBR: 654040
PATIENT: LAVEZZI, JONATHAN
DOCTOR: ANAND, PAVAN KUMAR
DRUG: DEXA/DIPH/NYSTATTIN MOUTHWSH
SCANNED: 07-14-2016

Tel: (239) 435-1999
Fax: (239) 435-9597

NIMA

North American Medical Association
Pavan K. Anand, M.D.

Patient Name

Address

E NYSTATTIN
ORCERON
Dexamethasone

Magnesium
Nifedipine
Sildenafil
2.40mg

REFILL _____ TIMES
LIC. #ME 607556

DEA #HA5001837

FAX

Company: JOHN'S PHARMACY

TO:

Name: NINA

Fax Number: 215-940-9690

Date: 08/19/2022

of Pages: 2
(including cover sheet)

FROM:

Name: MARC C MESADIEU

Contact Number: 239-221-7233

Subject: ORDER FROM 07/15/2016

☒ Urgent

☐ Please Reply

Message:

Fwd: RX 6762485

Neil Anand <cardiacgasman@gmail.com>

Fri 8/26/2022 3:44 PM

To: Nina Anand <ninaanand@hotmail.com>

----- Forwarded message -----

From: **Christopher Kovalyak** <ckovalyak@carecapitalmanagement.com>

Date: Fri, Aug 26, 2022 at 2:32 PM

Subject: RX 6762485

To: cardiacgasman@gmail.com <cardiacgasman@gmail.com>

To whom it may concern:

RX #6762485 on 08/17/2015 for patient JM for Lactulose syrup, should have been filled under Dr. Sanjeev Anand NOT Dr Neil Anand. This prescription was filled at the DuBois Medicine Shoppe. This email transmission and any attachments may contain confidential or legally privileged information that is intended only for the individual or entity named in the Email address. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or reliance upon the contents of the Email is strictly prohibited, may violate federal law and incur serious penalties, including imprisonment. If you have received this Email transmission in error, please reply to sender so that arrangements can be made for proper delivery, and then please delete the message from your inbox.



**PO BOX 3165
HARRISBURG PA 17105**

January 23, 2020

Institute for Advanced Medicine and Surgery
Attn: Dr. Neil Anand
5000 Frankford Avenue
Suite 2
Philadelphia, PA 19124

Patient: Brielle Washington
Re: RX# 1623001
Date Written: 11/09/2015
Date Filled: 11/23/2015

To Whom It May Concern:

On January 15, 2020, you informed us that script #1623001 for patient Brielle Washington was filled under the incorrect physician from your group, the Institute for Advanced Medicine and Surgery. The script has been corrected to Paul Soccio. A correction was also sent to PMP.

Thank you.

Tracey Reading
Rite Aid

RICHARD H. KAPLAN, MD, PC
9140 Academy Road, Suite A, Philadelphia, PA 19114
Phone: 215-333-9995 - Fax: 215-333-9815

RICHARD H. KAPLAN, MD, PC
RICHARD H. KAPLAN, MD, PC
RICHARD H. KAPLAN, MD, PC
RICHARD H. KAPLAN, MD, PC
RICHARD H. KAPLAN, MD, PC
RICHARD H. KAPLAN, MD, PC
RICHARD H. KAPLAN, MD, PC
RICHARD H. KAPLAN, MD, PC
RICHARD H. KAPLAN, MD, PC
RICHARD H. KAPLAN, MD, PC

DEAR MD 2781688

NAME: Kineaskee Dulka
DOB: 5/19/56
ADDRESS: 100-24-17

Peracet 5-325mg
#180 (one hundred eighty)
Take po q 4 hrs prn pain
Fml angyer therapy

THIS IS A PRESCRIPTION FOR THE
DRUGS LISTED BELOW. IT IS TO BE
FILLED BY A PHARMACEUTICAL
PREPARED BY THE PHARMACEUTICAL
INDUSTRY. IT IS NOT TO BE
REPRODUCED OR TRANSMITTED
IN ANY MANNER.

SECURITY FEATURES ON BACK

Attn: Maria
215 940 9690

RICHARD H. KAPLAN, MD, PC
9140 Academy Road, Suite A, Philadelphia, PA 19114
Phone 215-333-0905 - Fax 215-333-9815

RICHARD H. KAPLAN, MD, MD-01-5046 RANALTA H. SMITH, MD, MD-01-5046
RICHARD H. KAPLAN, MD, MD-01-5046 RANALTA H. SMITH, MD, MD-01-5046

DEAR MD 2781088

TO: Kineaske Dukes 5/20/86
FROM: 102-24-17

Peracet 5-325mg
#180 (one hundred eighty)
Take po q 4 hrs prn pain
For ongoing therapy

UNRECORDED, UNRECORDED
IN ORDER TO BE RECORDED, THE FOLLOWING MUST BE WRITTEN
IN THE SPACE PROVIDED

SECURITY FEATURES ON BACK

Attn: Maris
215 940 9600

SCHNURE, RICHARD A	SCHNURE	1305 MAIN ST	Diclofenac Sodium Soln 1.5%	1-Dec-37	3-Jul-17	29-Apr-18
SCHNURE, RICHARD A	SCHNURE	1305 MAIN ST	Lidocaine Oint 5%	1-Dec-37	3-Jul-17	29-Apr-18

No Such

pat. dispensed
from IAM pharmacy

718-828-8037
 127-2473831
 → 8137340259
 Senior 8135797169
 Zubair
 Dr Farooqui 813252 2770
 008242019

813-402-1045

93901825	092284753	SANTIAGO, MARGARET	14516 FALL RD	Tampa	FL	33613	22-Feb-36	ENALAPRIL TAB 20MG	20-May-19	20-May-19	6-Jun-19	WALGREENS	2916 E FLETCHER AVE	Tampa	FL
93901825	092284753	SANTIAGO, MARGARET	14516 FALL RD	Tampa	FL	33613	22-Feb-36	METOPROL TAR TAB 25MG	28-Mar-19	28-Mar-19	3-Apr-19	ROYAL RX PHARMACY INC	4941 E BUSCH BLVD	Tampa	FL

33612

800 Walgreens
 - opt medical records

813 980-6334

Dedicated Senior med. May 12, 2019 hospital discharge
 Juliet May 16, 2019 Florida Hospital - Tampa
 → Ana Velez
 Dr Ved Ruchi
 Dec 4, 2018 -

~~Paxan Arand 239-435-1999~~

Walgreen district office

~~215-836-0128~~

Custodian of records 217-554-8949 ph

Rx records

Calsen

Custodian of records fax 217-554-8955

later 813 985-7479

Alms 8.
 772 249-3729

So Pine 813 9820-0570

813-988-5214

Institute Of Advanced Medicine and Surgery

Neil Anand MD

3554 Hulmeville Rd. Suite 101

Bensalem, Pa 19020

Ph: 2153108087 Fax 215-940-9690

CVS: Prescription Records

Ph: 8002872414 Opt 3,5

Fax#: 401-765-9304

Re: Nam, Sung B

DOB: 9/12/1945

This is to confirm if the script for omeprazole 20 mg for Sung Nam filled on 11/30/2018 and 12/31/2018 and 1/29/2019 at CVS store number 01312 on 1111 N 9th St Stroudsburg, PA, 18360 written by Dr. Neil Anand. If this information is incorrect please provide confirmation that Dr. Neil Anand did not write the script and that it was written by another physician.

Thanks

Maria Costanzo – Office Manager

 — (prescribing Dr's signature)
MD(2268)



Prescription Records Service Center
One CVS Drive
Woonsocket, RI 02895
Mail Code B120

**Private and Confidential
Intended for Addressee Only**

4885957
INSTITUTE FOR ADVANCED MEDICINE AND SURGERY
NEIL ANAND, MD
3554 HULMEVILLE RD, STE 101
BENSALEM PA 19020

08/22/2022

Re :
NAM, SUNG B

In response to your request, a thorough search of our files and databases was completed with the information provided and **no such records were located.**

If you have questions regarding this report you may contact the Prescription Records Service Center at 1-800-287-2414 or email us at PrescriptionRecordSvcCenter@CVSCaremark.com.

Sincerely,
CVS/pharmacy Prescription Records Service Center

RXNBR: 654040
 PATIENT: LAVEZZI, JONATHAN
 DOCTOR: ANAND, PAVAN KUMAR
 DRUG: DEXA/DIPH/NYSTATIN MOUTHWASH
 SCANNED: 07-14-2016

NIMA
 NORTHERN INDIAN MEDICAL ASSOCIATION
 1000 N. 10TH AVE. SUITE 100
 MINNEAPOLIS, MN 55412
 TEL: (612) 435-1001
 FAX: (612) 435-1002

Patient Name: Jon. Lavezzi
 Date: 11/14/16
 Time: 10:00 AM
 Doctor: Dr. Anand
 Rx: DEXA/DIPH/NYSTATIN MOUTHWASH
 Indication: Oral candidiasis
 Signature: [Signature]
 License: MD 0000000000
 NPI: 1234567890
 Clinic: NIMA
 Address: 1000 N. 10TH AVE. SUITE 100
 City: MINNEAPOLIS
 State: MINN
 Zip: 55412
 Phone: (612) 435-1001
 Fax: (612) 435-1002
 Email: info@nima.org
 Website: www.nima.org
 Refill: 30 days
 Quantity: 30
 Unit: ML
 Directions: Swish and swallow 4 times daily after meals and at bedtime.
 Notes: See patient for follow-up in 2 weeks.
 Signature: [Signature]
 License: MD 0000000000
 NPI: 1234567890
 Clinic: NIMA
 Address: 1000 N. 10TH AVE. SUITE 100
 City: MINNEAPOLIS
 State: MINN
 Zip: 55412
 Phone: (612) 435-1001
 Fax: (612) 435-1002
 Email: info@nima.org
 Website: www.nima.org

Aug 18 22 01:04p

Just Here Pharmacy

2152283473

p.1

3800 N. BROAD STREET, PHILADELPHIA, PA 19140

Phone: (215) 228-3470

Fax: (215) 228-3473

ELECTRONIC RX: ("NEW")

Msg id: 82818018997472315

mt Date: 08/20/2018

Sent Time: 13:59

Patient: JONES, ROBERT

DOB: 06/28/1951

Gender: M

Address: 1717 W HUNTING PARK

scriber: SHAH, NEIL (M.D.)

Phone: 215-782-2888

NPI: 1760975536

SPI: 238878896002

DEA:

Address: 219 North Broad Street, Philadelphia, PA 19107

prescriber: GOLDMAN, JESSE (M.D.)

Rx date: 08/20/2018

Drug: Clonidine HCl - 0.2 mg/24hr Transdermal Patch

Qty: 4

Refills: 1

Days supply: 28

Sig: APPLY 1 PATCH WEEKLY AS DIRECTED.

DAW: The prescriptions will be filled generically
unless the prescriber writes "DAW" in the

☐

Notes:

DAW: The prescriptions will be filled generically unless the prescriber writes
"DAW" in the box.

☐

PRESCRIPTION ELECTRONICALLY SIGNED BY
SHAH, NEIL (M.D.)



Neil Anand <cardiacgasman@gmail.com>

 6762485

Christopher Kovalyak <ckovalyak@carecapitalmanagement.com>
To: "cardiacgasman@gmail.com" <cardiacgasman@gmail.com>

Fri, Aug 26, 2022 at 2:32 PM

To whom it may concern:

RX #6762485 on 08/17/2015 for patient JM for Lactulose syrup, should have been filled under Dr. Sanjeev Anand NOT Dr Neil Anand. This prescription was filled at the DuBois Medicine Shoppe.

This email transmission and any attachments may contain confidential or legally privileged information that is intended only for the individual or entity named in the Email address. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or reliance upon the contents of the Email is strictly prohibited, may violate federal law and incur serious penalties, including imprisonment. If you have received this Email transmission in error, please reply to sender so that arrangements can be made for proper delivery, and then please delete the message from your inbox.

Jm = Jack manners

Olde Philly Pharmacy

Ph: 2157390548

Fax: 2157391579

To Whom It May Concern:

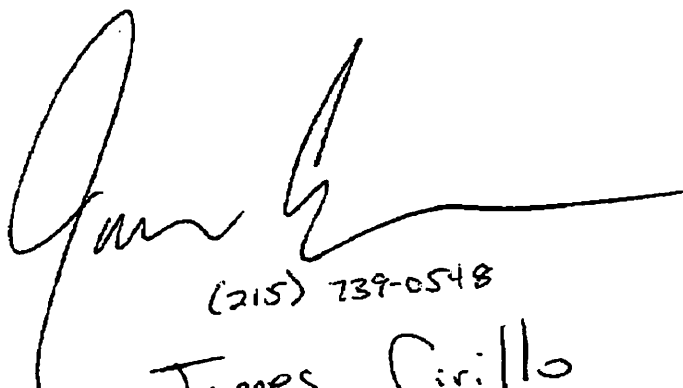
The PDMP has incorrectly reported opiate drugs and amounts of opiate drugs dispensed to patient, Nicole Kneer, DOB 3/01/1982.

1. For RX 417162 PDMP shows 265 tabs of Oxycodone/Acetaminophen 5/325 were filled. However, Rx 417162 was never filled. It was deleted from our system. The doctor was working on a prior auth that was never filled. No oxycodone /acetaminophen 5/325 was dispensed to patient. The fact that PDMP shows 265 tabs were dispensed is incorrect
2. For Rx 423186 PDMP shows 78 tabs of Morphine Sulfate ER 15 mg were filled. Only 18 tabs were filled. The fact that PDMP shows 78 tabs were filled is incorrect.

→ The prescription wasn't covered by insurance and patient paid out of pocket for only 18 tabs. Not sure why PMP is showing this incorrectly.

The Rx
was transmit
multiple times
but never
dispense

↓
PMP
is showing
an error


(215) 739-0548
James Cirillo

Olde Philly Pharmacy
DEA # B09638113
2923 East Thompson

RICHARD H. NAPLAN, MD, PC
9140 Ardmore Road, Suite A, Philadelphia, PA 19114
Phone: 215-333-9995 • Fax: 215-333-9815

RICHARD H. NAPLAN, MD, PC
9140 Ardmore Road, Suite A, Philadelphia, PA 19114
Phone: 215-333-9995 • Fax: 215-333-9815
MD 27811288

NAME: Kineashia Dukes
DOB: 5/19/56
AGE: 102-24-17

Peracet 5-325mg
#180 (one hundred eighty)
Take po q 4 hrs prn pain
For ongoing therapy

THIS PRESCRIPTION IS VALID FOR THE STATE OF PENNSYLVANIA
ONLY. IT IS NOT VALID IN ANY OTHER STATE OR COUNTRY.
FOR MORE INFORMATION, CONTACT THE PENNSYLVANIA BOARD OF
PHARMACY AT (717) 781-1234.

SECURITY FEATURES ON BACK

Atten: Maria
215 940 9690



PO BOX 3165
HARRISBURG PA 17105

January 23, 2020

Institute for Advanced Medicine and Surgery
Attn: Dr. Neil Anand
5000 Frankford Avenue
Suite 2
Philadelphia, PA 19124

Patient: Brielle Washington
Re: RX# 1623001
Date Written: 11/09/2015
Date Filled: 11/23/2015

To Whom It May Concern:

On January 15, 2020, you informed us that script #1623001 for patient Brielle Washington was filled under the incorrect physician from your group, the Institute for Advanced Medicine and Surgery. The script has been corrected to Paul Soccio. A correction was also sent to PMP.

Thank you.

A handwritten signature in cursive script, appearing to read "Tracey Reading", with a long horizontal flourish extending to the right.

Tracey Reading
Rite Aid

DOB 6/17/1978

Rx 1623001

DEA # B59613152 PAUL S. SOCCIO, M.D. NPI # 1629170329
DEA # _____ NEIL K. ANAND, M.D. NPI # 1982626818
DEA # _____ RISHI D. ANAND, M.D. NPI # 1457599300
DEA # _____ LIC. # MD442471 NPI # 1457599300
81 BIG OAK ROAD, SUITE 101
MORRISVILLE, PA 19067 (215) 310-8087 TEL
LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210
BRISTOL, PA 19007 (215) 940-9690 FAX
ROXBOROUGH HOSPITAL MEDICAL OFFICE BLDG
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128
NAME Brielle Washington DATE 11/9/13
ADDRESS _____
TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT
Rx Oxycodone 15mg
Sig: 1 tab po q 4-6 hrs prn
Disp: # 120
one hundred and twenty
☐ LABEL
Refill 1 of 5
SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.
001404 51GP0500385

Rite Aid of PA
6401 Oxford Ave

1623001

215-745-2521

215-940-4690

Dr. Zigu

Rite Aid Pharmacy
Rx 00552 1623001
WASHINGTON, BRELLE
6 HOURS IF NEEDED
TAKE 1 TABLET BY MOUTH EVERY 6 HOURS
OXYCODONE HCL 15 MG TABLET
QTY: 120
DISCARD AFTER 11/23/2015
NO REFILLS LEFT

WASHINGTON, BRELLE
Rx 00552 1623001
WASHINGTON, BRELLE
6 HOURS IF NEEDED
TAKE 1 TABLET BY MOUTH EVERY 6 HOURS
OXYCODONE HCL 15 MG TABLET
QTY: 120
DISCARD AFTER 11/23/2015
NO REFILLS LEFT

WASHINGTON, BRELLE
Rx 00552 1623001
WASHINGTON, BRELLE
6 HOURS IF NEEDED
TAKE 1 TABLET BY MOUTH EVERY 6 HOURS
OXYCODONE HCL 15 MG TABLET
QTY: 120
DISCARD AFTER 11/23/2015
NO REFILLS LEFT

00552 1623001 11/23/2015
WASHINGTON, BRELLE
OXYCODONE HCL 15 MG TABLET
QTY: 120
DISCARD AFTER 11/23/2015
NO REFILLS LEFT

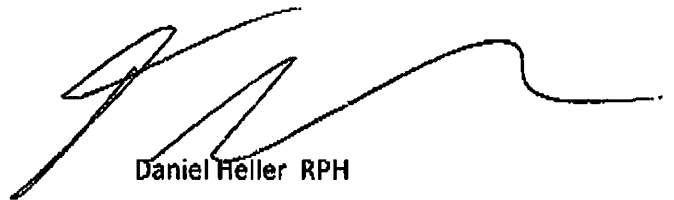
March 9, 2017 - March 25, 2017

Prescriber DEA	Prescriber NPI	Pharmacy Name	Pharmacy Address	Pharmacy City	Rx Number	Fill Date	Written Date	Drug Name	Qty	Days	Patient Full Name
BA8444565	1982626818	MEDICAL TOWER PHARMACY	255 S 17TH ST	PHILADELPHIA	486757	3/15/17	3/10/17 (3/7/17)	OXYCODONE HCL 30 MG TABLET	120	30	CORBIN, ELBERT SR See attached Pharm letter
BA8444565	1982626818	MEDICAL TOWER PHARMACY	255 S 17TH ST	PHILADELPHIA	486757	3/10/17	3/10/17	OXYCODONE HCL 30 MG TABLET	90	30	CORBIN, ELBERT SR
BA8444565	1982626818	FAIRDALE PHARMACY	4019 FAIRDALE RD	PHILADELPHIA	215162	3/13/17	3/13/17 (3/6/17)	OXYCODONE-ACETAMINOPHEN 10-325	120	20	BOYD, WAYNE
BA8444565	1982626818	WALGREEN EASTERN CO., INC.	1607 BRIDGE ST DBA: WALGREENS #0552	PHILADELPHIA	2110449	3/14/17	3/14/17 (3/7/17)	FENTANYL 75 MCG/HR PATCH	10	30	CONNOLLY, CHRISTOPHER
BA8444565	1982626818	RITE AID OF PENNSYLVANIA, INC.	6363 FRANKFORD AVE	PHILADELPHIA	2034213	3/15/17	3/15/17 (3/1/17)	OXYCODONE HCL 15 MG TABLET	120	30	RADECKE, BRIAN
FA3811660	1982626818	GIANT PHARMACY #6046	2721 STREET RD	BENSALEM	2491198	3/17/17	3/17/17 (3/1/17)	OXYCODONE HCL 15 MG TABLET	120	20	WILCOX, JACKIE
BA8444565	1982626818	OLDE PHILLY PHARMACY	2923 ETHOMPSON ST	PHILADELPHIA	384375	3/18/17	3/18/17 (3/7/17)	HYDROCODON-ACETAMINOPHEN 10-325	120	20	MANKER, MAYBELL
BA8444565	1982626818	OLDE PHILLY PHARMACY	2923 ETHOMPSON ST	PHILADELPHIA	384374	3/18/17	3/18/17 (3/7/17)	MORPHINE SULF ER 30 MG TABLET	60	30	MANKER, MAYBELL
BA8444565	1982626818	THRIFT DRUG, INC.	8500 HENRY AVE	PHILADELPHIA	189201	3/29/17	3/20/17	OXYCONTIN 20 MG TABLET	60	30	BROADWATER, TONI written by Dr. McGregor
BA8444565	1982626818	THRIFT DRUG, INC.	8500 HENRY AVE	PHILADELPHIA	189200	3/21/17	3/20/17	OXYCODONE HCL 30 MG TABLET	120	20	BROADWATER, TONI written by Dr. McGregor
BA8444565	1982626818	PATIENT DIRECT RX	159 GIBRAL TAR RD	HORSHAM	249891	3/20/17	3/20/17 (3/7/17)	OXYCONTIN 20 MG TABLET	60	30	JAMES, LAMAR
BA8444565	1982626818	PATIENT DIRECT RX	159 GIBRALTAR RD	HORSHAM	249890	3/20/17	3/20/17 (3/7/17)	OXYCODONE HCL 30 MG TABLET	90	30	JAMES, LAMAR
BA8444565	1982626818	FREEDOM PHARMACY LLC	3605 EDMONT AVE BLDG B	BROOKHAVEN	2001481	3/22/17	3/21/17 (3/7/17)	OXYCODONE HCL 30 MG TABLET	120	30	HILL, OLANDO
BA8444565	1982626818	FREEDOM PHARMACY LLC	3605 EDMONT AVE BLDG B	BROOKHAVEN	2001482	3/22/17	3/21/17 (3/7/17)	OPANA ER 30 MG TABLET	60	30	HILL, OLANDO
BA8444565	1982626818	THRIFT DRUG, INC.	600 LINCOLN HWY	FAIRLESS HILLS	339651	3/22/17	3/22/17	OXYCODONE HCL 15 MG TABLET	90	30	HAWA, MICHAEL Script written by mcgregor
BA8444565	1982626818	THRIFT DRUG, INC.	600 LINCOLN HWY	FAIRLESS HILLS	339632	3/22/17	3/22/17	OXYCODONE HCL 20 MG TABLET	120	20	MUSSE, GLEN Script written by mcgregor
BA8444565	1982626818	BENSALEM PHARMACY	2112 STREET RD	BENSALEM	131809	3/24/17	3/22/17	OXYCODONE HCL 15 MG TABLET	120	30	CALOGERO SCHIEFER, SUSAN Script written by mcgregor
BA8444565	1982626818	BENSALEM PHARMACY	2112 STREET RD	BENSALEM	131810	3/24/17	3/24/17	MORPHINE SULF ER 60 MG TABLET	60	30	CALOGERO SCHIEFER, SUSAN Script written by mcgregor

To Whom it May Concern,

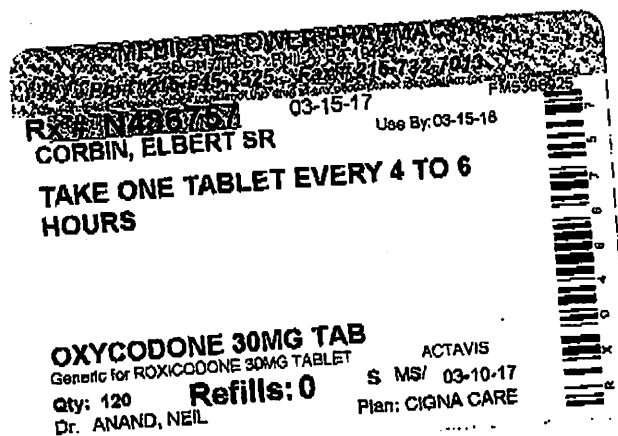
Prescription dated 3/7/2017 for Elbert Corbin sr. for oxycodone 30mg #120 was originally filled on 3/10/2017 for #90 tablets due to insurance plan limits. The Dr. was able to get an authorization from insurance to pay for an additional #30 tablets (#120 total). The additional #30 tablets were dispensed on 3/15/2017. Due to federal regulations and insurance parameters it appears that a total of #210 were dispensed by Medical Tower Pharmacy per the Pennsylvania monitoring program but only a total of #120 were dispensed.

Sincerely,



Daniel Heller RPH

01/08/2020



DEA # NEEL R. MAND, M.D.
LIC # MD-32871-S01 # 100025079
CHARTERED WISCONSIN, INC.

DEA # NEEL R. MAND, M.D.
LIC # MD-32871-S01 # 100025079
CHARTERED WISCONSIN, INC.

DEA # NEEL R. MAND, M.D.
LIC # MD-32871-S01 # 100025079
CHARTERED WISCONSIN, INC.

NAME Robert Cobbin Sr. DOB 11/24/50
ADDRESS 2232 Winton DATE 3-7-17
TAMPAH MEDICAL FACILITIES, INC. 1001 E. ALI
P.O. BOX 1001, TAMPA, FL 33601
QUANTITY (GROSS) 1000 BOTTLES AND BOTTLE INFORMATION

DEA # NEEL R. MAND, M.D.
LIC # MD-32871-S01 # 100025079
CHARTERED WISCONSIN, INC.

DEA # NEEL R. MAND, M.D.
LIC # MD-32871-S01 # 100025079
CHARTERED WISCONSIN, INC.

DEA # NEEL R. MAND, M.D.
LIC # MD-32871-S01 # 100025079
CHARTERED WISCONSIN, INC.

4HGP0488346

Hausseman's Pharmacy

536 W Girard Ave

Philadelphia, PA 19123

(215)-925-1008

To Whom It May Concern,

On 4/7/17, the prescription for Strum-Copeland, Linda (1/3/60) was written by Dr. Deborah McGregor, but was billed under Dr. Anand Neil.

Rx- 655893 for Oxycodone/APAP 10/325mg] #120

We apologize for the mistake. If you have any questions, please feel free to contact us at (215)-925-1008.

Sincerely,

Anie Jacob, Rph, PharmD

Anie J. Jacob

Haussemann's Pharmacy

536 W Girard Ave

Philadelphia, PA 19123

(215)-925-1008

To Whom It May Concern,

The following prescriptions for Strum-Copeland, Linda (1/3/60) were written by Viktoriya Makarova CRNP but billed accidentally under Dr. Anand Neil.

On 9/10/18:

672532- Endocet-10/325mg #120

672533- Morphine Sulfate-ER 30mg #60

On 10/8/18:

673441- Endocet-10/325mg #120

673442- Morphine Sulfate-ER 30mg #60

On 11/5/18:

674311- Endocet-10/325mg #120

674312- Morphine Sulfate-ER 30mg #60

On 12/3/18:

675106- Endocet-10/325mg #120

675105- Morphine Sulfate-ER 30mg #60

We apologize for the mistake. If you have any questions, please feel free to contact us at (215)-925-1008.

Sincerely,

Anie Jacob, Rph, PharmD

Anie J. Jacob.

File View Tools Help

RACS Ticket : Review / Open TicketShannon S. Lim
RXPSSL2RSMT0003
01/31/2020 08:04:17 PM**Ticket Guide**

	Questions	Enter Your Answer(s) Here
1. Ticket Review	Request initiated by (ie. RPH, customer, doctor, agency):	Shannon Lim
2. New Ticket	If this request was initiated by the Agency please provide name and phone number otherwise this request cannot be completed:	Nina at doctor's office 21
3. Finalize	Customer Name	Glen Musse
	Customer DOB	03/08/1967
	Customer ID	imb0011185102
	Incorrect Doctor name, DEA and NPI	DR. Neil Anand DEA:EA8444565 NPI:1982626816
	Correct Doctor NAME, DEA, NPI, ADDRESS and PHONE	Deborah McGregor. 38 e RX# 339632 DATE OF SERVICE 3/22/17
	Prescription numbers and dates of service	
	Please provide detailed explanation:	WRONG DOCTOR BILL
	Please enter your email address	shannon.S.Lim@riteaid.c
Cancel		Previous Finalize

File View Tools Help

RACS Ticket : Review / Open TicketShannon S. Lim
RXPSSL2RSMT0003
02/01/2020 08:43:18 AM

Ticket Guide	
Questions	Enter Your Answer(s) Here
1. Ticket Review	
2. New Ticket	
3. Finalize	
Request initiated by (ie. RPH, customer, doctor, agency):	Shannon Lim
If this request was initiated by the Agency please provide name and phone number otherwise this request cannot be completed:	Nina at doctor's office at
Customer Name	Michael Hawa
Customer DOB	01/29/1947
Customer ID	key01294708092006
Incorrect Doctor name, DEA and NPI	Dr. Neil Anand DEA: RA0444565 NPI: 1982626818
Correct Doctor NAME, DEA, NPI, ADDRESS and PHONE	Deborah McGregor 38 ea
Prescription numbers and dates of service	RX# 339651 date of service 03/22/2017
Please provide detailed explanation:	wrong doctor billed
Please enter your email address	shannon.S.Lim@riteaid.c
Cancel Previous Finalize	

File View Tools Help

RACS Ticket : Review / Open TicketShannon S. Lim
RXPSSL2HSM10003
02/01/2020 02:43:20 PM**Ticket Guide**

1. Ticket Review

2. New Ticket

3. Finalize

Questions**Enter Your Answer(s) Here**

Request initiated by (ie. RPH, customer, doctor, agency):

Shannon Lim

If this request was initiated by the Agency please provide name and phone number otherwise this request cannot be completed:

Nina at doctor's office 21

Customer Name

Toni Broadwater

Customer DOB

03/02/1969

Customer ID

905561696

Incorrect Doctor name, DEA and NPI

Dr. Neil Anand
DEA: BA0444565
NPI: 1982626010

Correct Doctor NAME, DEA, NPI, ADDRESS and PHONE

Deborah McGregor 38 ea

Prescription numbers and dates of service

RX# 189201 FROM STORE 11132 date of service
03/29/2017
RX# 189200 FROM STORE 11132 date of service
03/21/2017

Please provide detailed explanation:

wrong doctor billed

Please enter your email address

shannon.S.Lim@riteaid.c

Cancel

Previous

Finalize

In regards to Rx 339632. Rite Aid had
 originally misfilled the prescribing doctor.
 but was signed & written by Deborah Mcgregor
 Rite Aid has Edited the prescription to the
 correct doctor. Patient was Glen Musse. DOB(3/8/61)

Thanks. Ryan Rogers
 Pharm D.

P: 215-295-0150
 F: 215-295-3884

Signed: Ryan Rogers

In Regards to Rx 339651. Patient Michael Hawa
DOB(1/29/47). Rite Aid originally misfilled the prescription
under Dr. Neil Anand. It has been corrected to the
correct prescriber of Dr. Deborah McGregor who
signed the prescription. Please contact riteaid
if you have any further questions or concerns.

Thanks, Ryan Prager
Pharm D.

P: 215-295-0150

F: 215-295-3884

Signed Ryan M. Prager

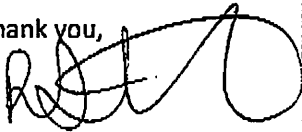
To Whom It May Concern

Rx 9866 and 9867 pertaining to patient Lamar James were both filled on 11/28/2017 at WIRX Pharmacy. Rx 9866 was dispensed with a quantity 60 Morphine sulfate tabs ER 20mg. Rx 9867 was dispensed with a quantity of 120 oxycodone 30mg. The prescriptions were originally filled on 11/22/2017, but the fill date was changed to reflect the date the medication was sent out to the patient on 11/28/2017. I have attached a change log for each prescription indicating that the date was changed and the prescription was only sent out one time. We manually submit to PDMP at the end of each day and the system did not pick up the change request for the date change. We will submit a change to PDMP to match our records at this time as well.

If needed, we can provide the raw data for the PDMP submissions for your records as well.

The patient received 60 tablets of Morphine sulfate ER 20mg, not 120 as previously shown on PDMP; and 120 tablets of oxycodone 30mg, not 240 as previously shown on PDMP.

Thank you,



Rebecca Sirota, PharmD, Rph, B.S

Pharmacy Manager, WIRX Pharmacy

540 Pennsylvania Ave

PO Box 8121

Fort Washington, PA 19034

215-628-0714 (t)

215-628-0715 (f)

www.wirxpharmacy.com



Local, Fast, Simple.



☐ 215.628.0714
☐ 215.628.0715
☐ wirxpharmacy.com

To Whom It May Concern

Rx 105714 pertaining to patient Michael Hamilton was filled on 05/29/2019 at WIRX Pharmacy II. Rx 105714 was dispensed with a quantity of 120 Endocet 10-325mg. The prescription was originally filled on 05/28/2019, but the fill date was changed to reflect the date the medication was sent out to the patient on 05/29/2019. I have attached a change log for the prescription indicating that the date was changed and the prescription was only sent out one time. We manually submit to PDMP at the end of each day and the system did not pick up the change request for the date change. We will submit a change to PDMP to match our records at this time as well.

The patient received 120 tablets of Endocet 10-325mg, not 240 as previously shown on PDMP.

If needed, we can provide the raw data for the PDMP submissions for your records as well.

Thank you,

Rebecca Sirote, PharmD, Rph, B.S

Pharmacy Manager, WIRX Pharmacy

540 Pennsylvania Ave

PO Box 8121

Fort Washington, PA 19034

215-628-0714 (t)

215-628-0715 (f)

www.wirxpharmacy.com



Local, Fast, Simple.

FACSIMILE

SENSITIVE

DATE:

1-7-20

TO:

Ning

FAX:

215-940-9690

FROM:

PAGES:

Fairdate Pharmacy

4019 Fairdale Rd

Philadelphia, PA 19154

1

RE:

PX 215162

CONFIDENTIALITY NOTICE: This facsimile message is for the sole use of the intended recipient(s) and may contain sensitive and privileged information or otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the original message.

www.FreeFaxCoverSheets.net

RX # 215162

Fairdale Pharmacy
4019 Fairdale Rd
Philadelphia, PA 19154

This Rx was
Coded in error as
written on 3-13-17,
but the written date
is clearly 3-6-17.
We have corrected our
records but PMP will
not reflect it for
some time. Fred Cohen

RPH
Fairdale Pharmacy
Fred Cohen
SP-20

EGALILE

NAME: Walter Bond IV DOB: 3-13-17

ADDRESS: Do not fill out 3-13-17

DATE: 3-13-17

TIME: 10/10/17

LOCATION: 2000

REASON: Twenty

DEA: 2000

WE PROMISE TO REVERSE
THE REASON MUST BE WRITTEN IN THE SPACE BELOW
OR STAMP NECESSARY IN THE SPACE BELOW

EGALILE



1607 BRIDGE ST ST#05522
PHILADELPHIA, PA, 19124

Tel: 215-5370169

Date: 02/21/2020

Fax: 215-5372685

Time: 14:9:38 (CST)

Pages: 2

Attention: Nina

Message:

This communication is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify sender immediately.

To whom it may concern,

The prescription for Christopher Connolly DOB 12/19/1979 Rx # 2110449 was written on 3/7/2017, however it was incorrectly inputted in the system as written date 3/14/2017. This was an error as the correct written date was 3/7/2017. We apologize for the mix up.

Thank you.

Jessica Sheffield
Jessica A. Sheffield

~~Philadelphia~~ #5522
1507 Bridge St.
Philadelphia, PA 19124

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422881 NPI # 1982625812
SONIA ANAND-NICHOLS, M.D.
DEA # _____ LIC. # MD446569 NPI # 1427205938
DEBORAH MCGREGOR, M.D.
DEA # _____ LIC. # MD032354E NPI # 1093833311
38 EAST BRIDGE STREET, SUITE 102 (215) 310-8087 TEL
MORRISVILLE, PA 19067 (215) 940-9690 FAX
ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL
ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL

NAME Christopher Connolly DOB 12-19-79
ADDRESS _____ DATE 3-7-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R DO NOT FILL TILL 3-14-17

Fentanyl Patch 75mcg/hr

Sig. 1 patch applied

to skin q 2 days

☐ LABEL Disp. #15
Refill NR 2-314-5 (Fifteen)

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

DEA # _____
XAB-44300

DEA # _____
FA3811680

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000036

6L09GP0486349

Store # 3637
Address: 6363 Frankford Ave.
Ph: (215) 335-4882
Fax: (215) 335-2067

Fax

Rite Aid Pharmacy

To: Dr. Neil Anand
From: Rite Aid #3637
Fax: (215) 940-9690
Phone: (215) 310-8087
Date: 2/14/2020
Pages:
Re:
CC:
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle
● Comments:

Rx# 2034213 Brian Radecke DOB: 11/7/61

To whom it may concern,

Rx # 2034213, a script written by Dr. Neil Anand for Brian Radecke was originally dated 01/11/17 and instructed on the script to not fill until 3/15/17. This Rx was entered into the POMP system database incorrectly. The script was mistyped as 3/15/17 for both the written and dispensed date. We do acknowledge the mistake made on our end. The Rx did state the date written as 3/11/17 and to not dispense until 3/15/17.

Sincerely,

Nina Jiang, Rx manager #3637

Disclaimer: This facsimile is intended only for the personal use of the recipient(s) named above. If you are not an intended recipient, you may not review, copy or distribute this message. If you have received this communication in error, please notify us immediately by phone and discard the original message. This facsimile expresses views only of the sender, which are not to be attributed to Rite Aid Corporation and may not be copied or distributed without this statement.

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067 (215) 310-8087 TEL.
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.

NAME Brian Radecke DOB _____

ADDRESS _____ DATE 3-1-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R DO NOT FILL TILL 3-15-17

Oxycodone 15mg

Sig: i tab po q 6 hrs prn

Disp: #120

☐ LABEL one hundred & twenty Units

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000002

6L09GP0486349

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067 (215) 310-8087 TEL.
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.

NAME Brian Radecke DOB _____

ADDRESS _____ DATE 3-1-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R DO NOT FILL TILL 3-15-17

Oxycontin 60mg

Sig: i tab po q 12 hrs

Disp: #60 (sixty)

☐ LABEL

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000001

6L09GP0486349

GIANT.

JACKIE WILCOX

3644 DRESHER RD
BENSALEM, PA 18020

DOB: 08/12/62

NOC# 12107-0066-01

NO REFILLS

disp qty: 120

Drug: OXYCODONE HCL 15MG TABS

MD. NEIL ANAND

6735 RIDGE AVE PHILADELPHIA, PA 19128

(215) 310-8087

Prescriber DEA# FA3811880

OPTUMBX MA PD

Filled: 03/17/17 Written: 03/17/17
RPH/TEC: CC/CC Orig:

Rx#: 2491198N

order qty: 120 DAW: 0 Days: 20

Prescriber NPI# 1082626810
Origin Code: 1

TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED

re states)
(FL)
WA)

UND

Y FEATURES

13107-0056-CI - 36 - @ 1st
00406-8512-CI - 84 - 6 ul

TO: Who it may concern
Rx was written on 3/1/17 but filled 3/17/17



GIANT FOOD STORES LLC [6046]
NCPDP Provider ID: 3977254
2721 STREET ROAD, BENSALEM PA
19020

EnterpriseRx Pharmacy System
DW - Prescription Image

Rx#-Store#: 2491198-6046 Fill#: 0
Fill Status: Sold Written Date: 03/17/2017
Written Quantity: 120 Dispensed Date: 03/17/2017
Dispensed Quantity: 120 Ready Date: 03/17/2017
Patient Days Supply: 20

Name: WILCOX, JACKIE
Address: 3644 DRESHER RD, BENSALEM PA 19020
Phone: (267) 237-8536
Date of Birth: 09/12/1962

Prescriber
Name: ANAND, NEIL
Address: 5735 RIDGE AVE, PHILADELPHIA PA 19128
Phone: (215) 310-8087
DEA#: FA3811660
NPI#:

Written Product
Product: OXYCODONE HCL 15MG TABS
NDC#: 00408 - 8515 - 01

Dispensed Product
Product: OXYCODONE HCL 15MG TABS
NDC#: 13107 - 0056 - 01

Patient Signature Capture:
Accepted Counseling:
Pharmacist of Record: CC

Rx Image

DrB 7-10-17

NEIL ANAND, M.D.
LIC # MD422601 NPI # 148262616
SCRIA ANAND-NICHOLS, M.D.
LIC # MD40888 NPI # 148262616
DEBORAH MCGREGOR, M.D.
LIC # MD40888 NPI # 148262616

50 EAST BRIDGE STREET, SUITE 100
MC BRIDGEVILLE PA 19067
(215) 310-8087
(215) 310-8087 FAX

50 EAST BRIDGE STREET, SUITE 100
MC BRIDGEVILLE PA 19067
(215) 310-8087
(215) 310-8087 FAX

ALPH HOSPITAL WAREHOUSING BUILDING
5000 FRANKFORD AVENUE SUITE 2
PHILADELPHIA PA 19124
(215) 310-8087 FAX

NAME: Jacqueline Wilcox DOB: 03-17-17
ADDRESS: Do not fill until 3-7-17
TEMPORARY SECURITY FEATURES LISTED ON BACK OF SCRIPT

R OxyCODONE 15mg
Sig 7 tabs po 4-6 hrs prn
Disp # 120
One hundred & twenty
Twenty

NEIL ANAND, M.D.
LIC # MD422601 NPI # 148262616
FA3811660

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW

0109060480349

SIG: TAKE 1 TABLET BY MOUTH EVERY 4 TO 6 HOURS AS NEEDED

[illegible]

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1962626818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067 (215) 310-8087 TEL
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL

NAME Francis Anuzzi DOB 8-20-80

ADDRESS _____ DATE 4-11-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxycodone 30mg
Sig: i tab po q 4 hrs prn

Disp #120

☐ LABEL

Refill 1 2 3 4 5

(one hundred & twenty)

PA License 150-74
MD 032354E 75-100
101-150
DEA # FM 2382280 and over
XM 2382280 Units
(215) 495-9686

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW

001363

6L09GP0486349

Rx 2305539

RX#N384376 N
 MANKER, MAYBELL
 1722 S PEACH ST, PHILADELPHIA, PA 19143
 HYDROCOD/APAP 10-325MG TAB
 NDC#00803-3887-32 PAR PHAF DAW:00 RFLS:0
 TAKE ONE TABLET EVERY 4 TO 6 HOURS AS NEEDED
 JMC S
 03/18/17
 PERF \$2.20
 BA8444565
 1882828818
 ANAND, N., MD
 5800 RIDGE AVE PHILADELPHIA, PA 19007

TS-TAMPER
 FEATURES
 BLUE ERAS
 PANTOGF
 INDICATOR
 NOTATION
 WATER
 PRINTING
 AL FEATURES
 CHECK
 TRACKING
 MICROMIC

NEIL ANAND, M.D. **FA 3811660**
 DEA # _____ LIC. # MD422681 NPI # 1982620818
 SONIA ANAND-NICHOLS, M.D.
 DEA # _____ LIC. # MD446569 NPI # 1427205939
 DEBORAH MCCREGOR, M.D.
 DEA # _____ LIC. # MD032354E NPI # 1093833311
 38 EAST BRIDGE STREET, SUITE 102
 MORRISVILLE, PA 19067 (215) 310-8087 TEL
 (215) 940-9690 FAX
 ROXBOROUGH HOSPITAL MOB
 5735 RIDGE AVENUE, SUITE 101
 PHILADELPHIA, PA 19129 (215) 310-8087 TEL.
 ARIA HOSPITAL WAKELING BUILDING
 5000 FRANKFORD AVENUE, SUITE 2
 PHILADELPHIA, PA 19124 (518) 928-3087 TEL.

NAME Maybell Manker DOB _____
 ADDRESS 1722 S Peach DATE 3-7-17
 R: 1- PA 19140
 TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT
DO NOT FILL TILL 3-10-17
 Norco 10/325
 Sig: i tab po q 4 hrs
 Disp: #120
 (one hundred & twenty)
 LABEL
 Rel III NR 1 2 3 4 5
 SUBSTITUTION PERMISSIBLE
 IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
 THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
 OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.
 000016
 6L09GP0486349

MEDISCRIP

STANDARD F

- ✓ SAFETY-BL
- ✓ "ILLEGAL" P
- ✓ REFILL INDI
- ✓ SERIALIZAT
- ✓ ARTIFICIAL
- ✓ MICROPRIN

ADDITIONAL FI

- ✓ QUANTITY CI
- ✓ UNIQUE TRAI
- ✓ THERMOCHR

ANAND, N. MD
5800 RIDGE AVE PHILADELPHIA, PA 19107

PERF \$3.30
BA8444565
1882626818

RX#N384374 N
MANIKER, MAYBELL
1122 S PEACH ST. PHILADELPHIA, PA 19143
MORPHINE ER 30MG
NDC#42868-0802-01 RHODES DAW:00
TAKE ONE TABLET EVERY 12 HOURS

PHYSICIAN FEATURES

ROUND

03/18/17

one states)
ER (FL)
(WA)

JMC S

ILLEGAL

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939
DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311
38 EAST BRIDGE STREET, SUITE 102 (215) 310-8087 TEL.
MORRISVILLE, PA 19067 (215) 840-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.

NAME Maybell Mankey DOB _____
ADDRESS 1122 S Peach DATE 3-7-17
Rx: PA 19143

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

DO NOT FILL TILL 3-10-17

Ms Contin 30mg

Sig: i tab po q 12hrs

Disp: #60(sixty)

Neil Anand, M.D.

☐ LABEL
Refill NR 1 2 3 4 5

DEA # BA8444565/
XA8444565

DEA # _____
FA3811669

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"

OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000015 Neil Anand 6L09GP0486349



3/16/2020

Please note the date written on the prescriptions submitted to the Pennsylvania PMP for the below patient.

Lamar James—Rx 249890 and 249891. Date written should be 3/7/2017

Eric Borell

Patient Direct RX

32017

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067 (215) 310-8087 TEL
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL

NAME Lamar James DOB 9-26-71
ADDRESS _____ DATE 3-7-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R DO NOT FILL TILL 3-14-17

Oxycodone 30mg

Sig: i tab po q 8 hrs

Disp: # 90 (ninety)

☐ LABEL

Refill NB 1 2 3 4 5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000010

Patient Receipt
Patient Direct Rx LLC
159 Gibraltar Road-Horsham PA 19044
Provider: ANAND, NEIL (B) MD
DEA License # FA4225113
Patient: LAMAR JAMES
2303 N CLEVELAND ST PHILADELPHIA PA 19122
Home: (267) 256-8633
Rx: 249890 Date: Mar 20 2017
OXYCODONE IR 90 x 30MG TAB
NDC: 10702-0009-01 Manu NDC: 10702-
0008-01
TAKE 1 TABLET BY MOUTH EV
HOURS AS NEEDED
No Refill Payment: \$0.00

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067 (215) 310-8087 TEL
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL

NAME Lamar James DOB 9-26-71
ADDRESS _____ DATE 3-7-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R DO NOT FILL TILL 3-14-17

Oxycontin 20mg

Sig: i tab po b/d

Disp: # 60 (sixty)

☐ LABEL

Refill NB 1 2 3 4 5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

6L09GP0486349

Patient Receipt
Patient Direct Rx LLC
159 Gibraltar Road-Horsham PA 19044
Provider: ANAND, NEIL (B) MD
DEA License # FA4225113
Patient: LAMAR JAMES
2303 N CLEVELAND ST PHILADELPHIA PA 19122
Home: (267) 256-8633
Rx: 249891 Date: Mar 20 2017
OXYCONTIN 60 x 20MG TAB
NDC: 59011-0420-10 Manu NDC: 59011-
0420-10
TAKE 1 TABLET BY MOUTH TWICE
DAILY
No Refill Payment: \$0.00

UPA PDMP
03-17-17

FREEDOM

PHARMACY

Providing Patient Independence

TO: Nina 215-940-9690

FROM: Kelly RPh

DATE: 02/03/2020

SUBJECT: Info concerning CII prescriptions

PAGES: 4 including cover

Hello,

Please see the attached letter and examples.

Thanks,
Kelly RPh



February 3, 2020

To whom it may concern,

In reference to 2 prescriptions written for patient Olando Hill.

1. The prescriptions were presented to Freedom Pharmacy on March 21, 2017.
2. They were then typed into the pharmacy software system and placed On-Hold.
3. The actual written date was 3/7/2017, but the software system set a default date of 3/21/2017 and this default date was not corrected to correspond with the doctor's written date of 3/7/2017. This was a pharmacy clerical error.
4. The prescriptions were then filled and dispensed on 3/22/2017 as per the dates on the prescriptions.
5. The data was then submitted into the PA PMP program the following business day.

I am signing below to acknowledge the clerical error on the pharmacy end. I have also signed copies of the prescriptions to indicate that a clerical/typing mistake occurred.

Any further questions, please let me know.

Thank you,

Kelly A Wick, RPh

NEEL ANAND, M.D.
 LIC. # MD422661 NPI # 1982628818
 SONIA ANAND-NICHOLS, M.D.
 LIC. # MD448569 NPI # 1427205939
 DEBORAH MCCREGOR, M.D.
 LIC. # MD53355AE NPI # 1093923211
 38 EAST BRIDGE STREET, SUITE 102
 MORRISVILLE, PA 19067 (215) 310-8087 TEL
 (215) 940-2000 FAX
 ROXBOROUGH HOSPITAL MOB
 5735 RIDGE AVENUE, SUITE 101
 PHILADELPHIA, PA 19128 (215) 310-8087 TEL
 ARJA HOSPITAL WAKELING BUILDING
 5000 FRANKFORD AVENUE, SUITE 2
 PHILADELPHIA, PA 19124 (610) 928-3087 TEL

NAME Olendo Hill DOB
 ADDRESS 7827 Venus Pl. Phila DATE 3-7-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

Do not fill until 3-22-17
R Oxycodone 30mg.
 Sig: T tab po q 4-6hr PRN
 Disp: # 120
☐ LABEL (one hundred &
 Refill (NR) twenty
 NEEL ANAND, M.D.
 LIC. # MD422661 NPI # 1982628818
 SONIA ANAND-NICHOLS, M.D.
 LIC. # MD448569 NPI # 1427205939
 DEBORAH MCCREGOR, M.D.
 LIC. # MD53355AE NPI # 1093923211
 38 EAST BRIDGE STREET, SUITE 102
 MORRISVILLE, PA 19067 (215) 310-8087 TEL
 (215) 940-2000 FAX
 ROXBOROUGH HOSPITAL MOB
 5735 RIDGE AVENUE, SUITE 101
 PHILADELPHIA, PA 19128 (215) 310-8087 TEL
 ARJA HOSPITAL WAKELING BUILDING
 5000 FRANKFORD AVENUE, SUITE 2
 PHILADELPHIA, PA 19124 (610) 928-3087 TEL

SUBSTITUTION PERMISSIBLE
 IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
 THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
 OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

002741

6L09GP0486349

N2001481 KW S 03/22/17 NEW

OLANDO HILL DOB: 08/13/74
 7827 VENUS PLACE PHILADELPHIA, PA 19153
 Qty Disp: 120 RA:
 Written: 03/21/17
 OXYCODONE TAB 30MG KVK TECH
 NDC#: 10702-0009-01 DAW: 0 Days: 30
 MD. ANAND, NEIL K
 (215) 310-8087 DEA: BA8444565

ACQ:	35.72
Cost:	473.79
Fee:	0.00
Copay:	0.00
Paid:	473.79
Profit:	438.07

TAKE 1 TABLET BY MOUTH EVERY 4 TO 6
 HOURS AS NEEDED FOR PAIN

Auth:
 WORKERS COMP

Written date
 should read
 3/7/17

Typing mistake.

Kelly White, PharmD
 555-539-7505
 1000 Pharmacy

NEEL ANAND, M.D.

DEA # _____ LIC. # MD422581 NPI # 1982628018
SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD448563 NPI # 1427205936
DEBORAH MCCREGGON, M.D.

DEA # _____ LIC. # MD032264E NPI # 1093833311
38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067 (215) 310-8087 TEL
(215) 940-9590 FAX

ROXBOROUGH HOSPITAL MOB
5725 BRIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL

ARRA HOSPITAL WAKELING BLDG DRG
5205 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19134 (818) 825-3087 TEL

NAME Orlando Hill DOB _____
ADDRESS 7827 Venus Pl. Phila DATE 3-7-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

Do not fill until 3-22-17

R Opama ER 30mg

Sig: T tab po BLD

Disp: # 60

(Sixty)

☐ LABEL

Refill NR

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

002740 [Signature] 6L09GP0486349

N2001482 KW S 03/22/17 NEW

OLANDO, HILL DOB: 08/13/74
7827 VENUS PLACE PHILADELPHIA, PA 19153
Qty Disp: 60 RA
Written: 03/21/17
OPANA ER TAB 30MG EN
NDC# 63481-0817-60 DAW: D Days: 30
MD: ANAND, NEEL K
(215) 310-8087 DEA: BA8444585

ACQ:	765.91
Cost:	1014.51
Fee:	0.00
Copay:	0.00
Paid:	1014.51
Profit:	248.60

TAKE 1 TABLET BY MOUTH TWICE DAILY

Auth:
WORKERS COMP

Written date
Should read
3/7/17.

Typing mistake.

Kelly Wick, RPh.
855-537-7865
cha/may

In Regards to Rx 339651. Patient Michael Hawa
DOB(1/29/47). Rite Aid originally misfilled the prescription
Under Dr. Neil Anand. It has been corrected to the
Correct prescriber of Dr. Deborah McGregor who
signed the prescription. Please contact riteaid
if you have any further questions or concerns.

Thanks, Ryan Proger
Pharm D.

P: 215-295-0150

F: 215-295-3884

Signed Ryan M. Proger

Lx 339651

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1962628816

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD448588 NPI # 1427209230

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093333311

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067 (215) 310-8087 TEL
(215) 940-9890 FAX

ROXBOROUGH HOSPITAL MOB

5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19129 (215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING

5200 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL

NAME Michael Hawa DOB _____

ADDRESS _____ DATE 3-22-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

B Oxycodone 15mg

8mg: 1 tab po tid

Disp: # 90

(ninety)

☐ LABEL

Refill NA 1 2 3 4 5

☐ 1-24

☐ 25-49

☐ 50-74

☐ 75-100

☐ 101-150

☐ 151 and over

Units

DEA # FM 2382280

XM 2382290

(215) 485-9088

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000156

6L09GP0486349

Lx 339651

NEEL AMAND, M.D.
DEA # _____ LIC # MD422581 NPI # 1982529816
SONIA AMAND-NICHOLS, M.D.
DEA # _____ LIC # MD445558 NPI # 1427209890
DEBORAH MCGREGOR, M.D.
DEA # _____ LIC # MD032354E NPI # 1050833311
35 EAST BRIDGE STREET, SUITE 102 (215) 310-8087 TEL
MORRISVILLE, PA 19067 (215) 940-9890 FAX
ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101 (215) 310-8087 TEL
PHILADELPHIA, PA 19126
ARIA HOSPITAL WAKELING BUILDING
2000 FRANKFORD AVENUE, SUITE 2 (519) 923-3087 TEL
PHILADELPHIA, PA 19124

Void Sold 3/22/17

NAME Michael Hawa DOB _____
ADDRESS _____ DATE 3-22-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

B Oxycodone 15mg
8mg: 1 tab po tid
Disp: # 90
(ninety)
LABEL
Refill: 1 2 3 4 5

Deborah McGregor
PA License # 109-150
MD 032354 E 151 and over Units
DEA # FM 2382290
XM 2382290
(215) 435-9888

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

Store #
Address:
Ph:
Fax:

Rite Aid Pharmacy

Fax

To: Dr Anand's office From: _____
Fax: (215) 940 9690 Pages: _____
Phone: _____ Date: _____
Re: _____ CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Disclaimer: This facsimile is intended only for the personal use of the recipient(s) named above. If you are not an intended recipient, you may not review, copy or distribute this message. If you have received this communication in error, please notify us immediately by phone and discard the original message. This facsimile expresses views only of the sender, which are not to be attributed to Rite Aid Corporation and may not be copied or distributed without this statement.

In regards to Rx 339632. Rite Aid had
originally misfilled the prescribing doctor.

originally the prescriber was selected as Dr. Neil Anon
but was signed & written by Deborah Mcgregor

Rite Aid has Edited the prescription to the
Correct doctor. Patient was Glen Musse. DOB(3/8/67)

Thanks. Ryan Prager
Pharm D.

P: 215-295-0150

F: 215-295-3884

Signed: Ryan M. Prager

Rx 339632

NEEL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1902026818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446560 NPI # 1427205030

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1003832311

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067

(215) 310-8087 TEL
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

(215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124

(610) 929-3087 TEL

Sold
Void 3/22/17

NAME Glen Musse DOB 3-8-67

ADDRESS _____ DATE 3-22-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxycodone 20mg
Sig: 1 tab PO q 4-6 hrs prn

Disp # 120
One hundred

☐ LABEL one hundred

Refill NR 20 twint

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

001140

6L09GP0486349

Rx 339632

DEA # _____
NATIONAL BOARD, N.D.
LC # 140422401 NP # 140236818

DEA # _____
SONIA MARCO NICOLE, M.D.
LC # 14044568 NP # 140720000

DEA # _____
DEBORAH MCCREY, M.D.
LC # 14052244 NP # 100333311

35 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067
LC # 140422401 NP # 140236818
219 310-6067 TEL
219 310-6060 FAX

ROXBOROUGH HOSPITAL AND
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128
215 310-6067 TEL
215 310-6060 FAX

ALBA HOSPITAL, WAKELING BUILDING
4000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124
215 310-6067 TEL

Sold
Void 3/22/17

NAME Chen Mause DOB 3-9-67
ADDRESS _____ DATE 3-22-17

TRANSFER FROM START SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxycedone 20mg
big 5 tabs po q 4-6 hrs prn

Disp # 120
one husband
PA License # 0105150
MD License # 0105150
Unit # 151 and over

Form INR 2005 turn in
FBI # 2562280
FBI # 2562280

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

001240 5109P0486349

215-940-96

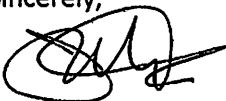
BENSALEM PHARMACY
2112 Street Road,
Bensalem, PA 19020
P: (215) 244-4244

Re: Rx# 131809 & 131810.

To whom it may concern,

Rx# 131809 and Rx# 131810 written on March 22nd, 2017 for Susan Calogero were initially processed by error under Dr. Neil Anand and then corrected and filled under Dr. Deborah McGregor. The correct prescriber for both these prescriptions is Dr. Deborah McGregor. Please call us with any questions you have regarding this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jigar Patel', with a stylized flourish at the end.

Jigar Patel, PharmD
Pharmacy Manager

NEEL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067 (215) 310-8087 TEL
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL

NAME Susan Calogero DOB _____
ADDRESS 1416 Cardinal Dr DATE 3-22-17
Bensalem, Pa 19006

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Do not fill until 3-24-17

MS Contin 60mg

Sig: 1 tab po q 12 hrs

Disp # 60 (Sixty)

☐ LABEL Refill NR 1-2-3-4-5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
IN THE SPACE BELOW.

6L09GP0486349

NEEL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067 (215) 310-8087 TEL
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL

NAME Susan Calogero DOB 02-03-62
ADDRESS 1416 Cardinal Dr DATE 3-22-17
Bensalem, Pa 19006

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Do not fill until 3-24-17

Oxycodone 15mg

Sig: 1 tab po q 4-6 hrs

Disp # 120 (One hundred & twenty)

☐ LABEL Refill NR 1-2-3-4-5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
IN THE SPACE BELOW.

6L09GP0486349

September 2, 2016 - September 18, 2016

Prescriber DEA	Prescriber NPI	Pharmacy Name	Pharmacy Address	Pharmacy City	Rx Number	Fill Date	Written Date	Drug Name	Qty	Days	Patient Full Name
BA8444565	1982626818	CHARLIES PHARMACY	2235 VETERANS HWY	LEVITTOWN	1877	9/6/16	9/6/16 (8/18/16)	OXYCONTIN 80 MG TABLET	60	30	BROWN, BRUCE
BA8444565	1982626818	FAMILY 1 PHARMACY	4005 VETERANS HWY	LEVITTOWN	148573	9/7/16	9/7/16	OXYCODONE HCL 30 MG TABLET	120	20	SUNDERLAND, KURT Script written by Dr. McGregor
BA8444565	1982626818	PATIENT DIRECT RX	159 GIBALTAR RD	HORSHAM	216643	9/7/16	9/7/16 (8/12/16)	OXYCODONE-ACETAMINOPHEN 10-325	90	30	MORROW, ROCHELLE
BA8444565	1982626818	CHARLIES PHARMACY	2235 VETERANS HWY	LEVITTOWN	1878	9/8/16	9/8/16 (8/18/16)	OXYCODONE HCL 30 MG TABLET	120	20	BROWN, BRUCE
BA8444565	1982626818	PENNDDEL DRUGS	21 BELLEVUE AVE	PENNDDEL	37611	9/9/16	9/9/16	OXYCODONE HCL ER 40 MG TABLET	60	30	GRAY, CHRISTOPHER Script written by Dr. McGregor
BA8444565	1982626818	PENNDDEL DRUGS	21 BELLEVUE AVE	PENNDDEL	37606	9/9/16	9/9/16	OXYCODONE HCL 30 MG TABLET	120	20	GRAY, CHRISTOPHER Script written by Dr. McGregor
BA8444565	1982626818	MORRISON PHARMACY	6113 RIDGE AVE	PHILADELPHIA	1258200	9/9/16	9/9/16	OXYCODONE-ACETAMINOPHEN 10-325	120	30	WILSON, AKOUSA Script written by Dr. S. Anand Nichols
FA8811660	1982626818	ALEXA PHARMACY	919 TYSON AVE	PHILADELPHIA	203309	9/12/16	9/12/16	OXYCODONE HCL 30 MG TABLET	120	30	DANIELS, MICHAEL Script written by Dr. S. Anand Nichols
BA8444565	8084019826	PENNSYLVANIA CVS PHARMACY, L.L.C.	445 W STREET RD	WARMINSTER	302030	9/14/16	9/14/16	OXYCODONE HCL 30 MG TABLET	120	20	HAMCOURDIS, MELINA Script written by Dr. McGregor
BA8444565	8084019826	PENNSYLVANIA CVS PHARMACY, L.L.C.	445 W STREET RD	WARMINSTER	302031	9/17/16	9/14/16	HYSLINGLA ER 40 MG TABLET	30	30	HAMCOURDIS, MELINA Script written by Dr. McGregor

DEA # _____ PAUL S. SDOCCIO, M.D.
 LIC. # MD451187 NP# 1629170529
 NBS, R. ANAND, M.D.
 DEA # _____ LIC. # MD452551 NP# 1629252016
 RBSH D. ANAND, M.D.
 DEA # _____ LIC. # MD452471 NP# 1467599300
 81 SIG OAK ROAD, SUITE 101
 MORRISVILLE, PA 19067
 (215) 310-8287 TEL
 (215) 940-8983 FAX
 LOWER BUCKS HOSPITAL
 501 BATH ROAD, SUITE 210
 BRISTOL, PA 19007
 FOXBOROUGH HOSPITAL MEDICAL OFFICE BLDG.
 8735 RIDGE AVENUE, SUITE 101
 PHILADELPHIA, PA 19128

NAME Bruce Brown DOB _____
 ADDRESS _____ DATE 8/18/16
 Fill on 9/6/16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

B OXYCONTIN 80mg
 Sig: 1 TAB PO BID
 Disp: # 60
 (sixty)

Neil Anand M.D.
 PA License # _____
 MD # 1629170529
 180-74
 75-100
 DEA # E58441586/
 XAB482085 and over
 Units
 DEA # _____
 FA3811680

☐ LABEL
 Refill 0

SUBSTITUTION PERMISSIBLE
 IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
 THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
 OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW

001796 *[Signature]* 88GP0486349

PHARMACY PHONE: (215) 269-7000
 2235 VETERAN'S HIGHWAY
 LEVITTOWN, PA 19058
 DEA # FC5588069

Rx #: N1877 File: 09-08-16 Written: 09-08-16
 BROWN, BRUCE RPH. CS
 1711 DURHAM RD LANGHORNE PA 19047
 TAKE 1 TABLET BY MOUTH TWICE DAILY

OXYCONTIN 80 EXT-RELEASE TABLET
 Mfg: PURDUE PHA Qty: 60
 Dr. ANAND, NEIL
 NDC: 59011-0480-20 Use By: 09-08-2017
 Refills: 0

CAUTION: Federal law prohibits transfer of this drug to anyone other than the patient for whom prescribed.

To Whom It May Concern,

**This letter is to certify that
prescription# 148573 filled on
09/07/2016 for Kurt Sunderland with
DOB 04/16/1963 was written by Dr
Deborah McGregor. However due to
PDMP glitch it is showing under
Neil Anand's name. The presctipion
was in fact written by Dr McGregor**

**Family 1 Pharmacy
215-943-2221**


Hiren Patel

NEIL ARAND, M.D.
DEA # _____ LIC. # MD422891 NPI # 1982626118
SONIA ARAND-NICHOLS, M.D.
DEA # _____ LIC. # MD444569 NPI # 1427205829
DEBORAH MCGREGOR, M.D.
DEA # 7382199 LIC. # MD082354E NPI # 1092633311

LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210
BRISTOL, PA 19007

ROXBOROUGH HOSPITAL JACO
5725 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

ARIA HOSPITAL WAKELING BUILDING
5900 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19131

(215) 310-8087 TEL
(215) 940-6550 FAX
(215) 310-8087 TEL

(518) 928-3087 TEL

NAME Kurt Sunderland DOB _____
ADDRESS 61 Mallon Dr DATE 9/7/16
West Chester, PA 19380

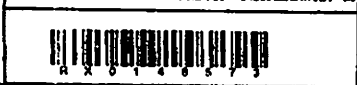
TAMPER RESISTANT SECURITY FEATURES LISTED ON BACK OF CASE

Oxycodone 30mg
Disp: 1 tab po q 6hrs pr
WIP #120
(one hundred & twenty)

- ☐ 1-24
 - ☐ 25-49
 - ☐ 50-74
 - ☐ 75-100
 - ☐ 101-150
 - ☐ 151 and over
- Units

☐ LABEL
Refill 1234

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" ON THE
FACE BELOW.



BGGP0486349



3/16/2020

Please note the date written on the prescription submitted to the Pennsylvania PMP for the below patient.

Rochelle morrow—RX 216643. Date written should be 8/12/2016.

Eric Borell

A handwritten signature in black ink, appearing to be "EB", written over the printed name "Eric Borell".

Patient Direct RX

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982628318

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210 (215) 310-8087 TEL
BRISTOL, PA 19007 (215) 940-9690 FAX

ROXBOROUGH HOSPITAL-MOB
5735 RIDGE AVENUE, SUITE 101 (215) 310-8087 TEL
PHILADELPHIA, PA 19128

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2 (518) 928-3087 TEL
PHILADELPHIA, PA 19124

NAME Rochelle Morrow DOB 4-1-79

ADDRESS 35 W 5th St DATE 8/12/16
Bridgeport PA

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

B Percocet 10/325
S.S. take 1 TAB PO TID PRN
Disp: #90
(ninety)

PA License #
☒ 25-49
☐ 50-74
☐ 75-89
☐ 90-99
☐ 151 and over
DIPMS
FA3811660

Patient Receipt:

Patient Direct Rx LLC
159 Gibraltar Road Horsham PA 19044
Provider: ANAND, NEIL MD
DEA License #: FP4225113
Patient: ROCHELLE MORROW
15 WEST 5TH ST BRIDGEPORT PA 19403
Home: (610) 272-2981 Mob: (484) 432-4852
Rx: 216643 Date: Sep 7, 2016
OXYCODONE/APAP 90 x 10MG-325MG
TAB
NDC: 53746-0204-01 Manu NDC: 53746-0204-01
TAKE 1 TABLET BY MOUTH 3 TIMES
DAILY AS NEEDED
No Refills Payment: \$0.00

3LE

IND NAME PRODUCT TO BE DISPENSED.
IST HANDWRITE "BRAND NECESSARY"
LY NECESSARY" IN THE SPACE BELOW.

[Signature]

6GGP0486349

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.
DEA # _____ LIC. # MD446569 NPI # 1427205939
DEBORAH MCGREGOR, M.D.
DEA # _____ LIC. # MD032354E NPI # 1093833311

LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210 (215) 310-8087 TEL.
BRISTOL, PA 19007 (215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101 (215) 310-8087 TEL.
PHILADELPHIA, PA 19128

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2 (518) 928-3087 TEL.
PHILADELPHIA, PA 19124

NAME Rochelle Morrow DOB 4-7-79
ADDRESS 35 W 5th St DATE 8/29/16
Bridgeport PA 19405
TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R. Protonix 30mg
Sig: 1 Tab PO Daily
Disp: # 30
(thirty)

☐ LABEL

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000267

6GGP0486349

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.
DEA # _____ LIC. # MD446569 NPI # 1427205939
DEBORAH MCGREGOR, M.D.
DEA # _____ LIC. # MD032354E NPI # 1093833311

LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210 (215) 310-8087 TEL.
BRISTOL, PA 19007 (215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101 (215) 310-8087 TEL.
PHILADELPHIA, PA 19128

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2 (518) 928-3087 TEL.
PHILADELPHIA, PA 19124

NAME Rochelle Morrow DOB 4-7-79
ADDRESS 35 W 5th St DATE 8/29/16
Bridgeport PA 19405
TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R. Mobic 15mg
Sig: 1 Tab PO BID
Disp: # 30
(ninety)

☐ LABEL

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

Patient Receipt:
Patient Direct Rx LLC
159 Gibraltar Road/Horsham PA 19044
Provider: ANAND, NEIL MD
DEA License # FP4225113
Patient: ROCHELLE MORROW
35 WEST 5TH ST BRIDGEPORT PA 19405
Home: (610) 272-2991 Mob: (484) 432-6652
Rx: 218647 Date: Sep 7, 2016
MELOXICAM 30 x 15MG TAB
NDC: 68382-0051-01 Manu NDC: 68382-0051-01
Take 1 tablet by mouth once daily.
Refill: 0 of 5
Payment: \$0.00

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.
DEA # _____ LIC. # MD446569 NPI # 1427205939
DEBORAH MCGREGOR, M.D.
DEA # _____ LIC. # MD032354E NPI # 1093833311

LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210 (215) 310-8087 TEL.
BRISTOL, PA 19007 (215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101 (215) 310-8087 TEL.
PHILADELPHIA, PA 19128

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2 (518) 928-3087 TEL.
PHILADELPHIA, PA 19124

NAME Rochelle Morrow DOB 4-7-79
ADDRESS 35 W 5th St DATE 8/29/16
Bridgeport PA 19405
TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R. Topamax 50mg
Sig: 1 Tab PO qd
Disp: # 30
(thirty)

☐ LABEL

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000270

349

Patient Receipt:
Patient Direct Rx LLC
159 Gibraltar Road/Horsham PA 19044
Provider: ANAND, NEIL MD
DEA License # FP4225113
Patient: ROCHELLE MORROW
35 WEST 5TH ST BRIDGEPORT PA 19405
Home: (610) 272-2991 Mob: (484) 432-6652
Rx: 218648 Date: Sep 7, 2016
TOPIRAMATE 30 x 60MG TAB
NDC: 68382-0139-14 Manu NDC: 68382-0139-14
Take 1 tablet by mouth once daily
Refill: 0 of 5
Payment: \$0.00

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.
DEA # _____ LIC. # MD448569 NPI # 1427205939
DEBORAH MCGREGOR, M.D.
DEA # _____ LIC. # MD032354E NPI # 1093833311

SEWER BUCKS HOSPITAL
BATH ROAD, SUITE 210
ASTOL, PA 19007 (215) 310-8087 TEL.
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.

NAME Rochelle Morrow DOB 4-1-79
ADDRESS 35 W 5th St DATE 8/29/16
Bridgeport PA
TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R. Lyrica 50mg
Sig: 1 TAB PO BID
Disp: #90
(ninety)

☐ LABEL

Refill NB 1-2-3-4-5

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

Neil Anand M.D.
PA License #
MD 422681

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

DEA #
FA3811661

000269

Primary Insurance

First

Middle

Last

Suffix

Date of Birth

SSN

Relation

Insurer

Payer ID

ID #

Group #

Plan Name

Claim Office

Independence Administrators

LUF05878722

Patient Receipt
Patient Direct Rx LLC
159 Gibraltar Road-Horsham PA 19044
Provider: ANAND, NEIL MD
DEA License # FP4225113
Patient: ROCHELLE MORROW
35 WEST 5TH ST BRIDGEPORT PA 19405
Name: (610) 272-2981 Mob: (484) 432-6652
Rx: 216644 Date: Sep 7, 2016
LYRICA 90 x 50MG CAP
NDC:00071-1013-68 Manu NDC:00071-
1013-68
TAKE 1 CAPSULE BY MOUTH THREE
TIMES A DAY
Refill: 0 of 5
Payment: \$0.00

Country

Street Address

Zip Code

City

State

Emerg Cont Name

Emerg Cont Phone

Emerg Cont Relation

Resp Party Name

Resp Party Relation

Resp Party Phone

Resp Party Email

UNITED STATES

35 West 5th Street

19445 7.19405

Bridgeport

PA

Roberta Williams

(215) 549-8112

Mom

Un on cell for address
10:51 9/12

9/6 10:15 Am

Mailbox full

Secondary Insurance

First

Middle

Last

Suffix

Date of Birth

Social Security #

Relation

Insurer

Payer ID

ID #

Group #

Plan Name

Claim Office

*name of insured

DX Codes M54.5
M46.1
M46.1

3441 0 1029170320

LIC. # WD45116

LIC. # WD45116

不、大衆の、

2000-01-01

FRANK D. ARNONE, JR.

UIC. 000044247

UIC. 000044247

1457690300

TEL 000-600-0151

(215) 940-0100 FAX

(215) 940-0100 FAX

(215) 940-0100 FAX

(215) 940-0100 FAX

(215) 940-0100 FAX

DOB 8/18/16
DATE 8/18/16

DOB 8/18/16
DATE 8/18/16

DOB 8/18/16
DATE 8/18/16

DOB 8/18/16
DATE 8/18/16

10246

10246

10246

4. P. L. 100-505074

10246

MD 44-381-150
101-150

IDEA # B7A3244

XAB444585

DEAD

FA3811060

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE NECESSARY, THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW

Journal of Management Inquiry 20(1) 3-14

6BGP048634B

CLARK'S
PHARMACY

PHONE: (215) 269-7000
2235 VETERAN'S HIGHWAY
LEWISTOWN, PA 19056

DEA # F02868568

M4878

FBI: 09-08-16

Written: 09-08-16
RPH. CS

2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
2027
2028
2029
2030
2031
2032
2033
2034
2035
2036
2037
2038
2039
2040
2041
2042
2043
2044
2045
2046
2047
2048
2049
2050
2051
2052
2053
2054
2055
2056
2057
2058
2059
2060
2061
2062
2063
2064
2065
2066
2067
2068
2069
2070
2071
2072
2073
2074
2075
2076
2077
2078
2079
2080
2081
2082
2083
2084
2085
2086
2087
2088
2089
2090
2091
2092
2093
2094
2095
2096
2097
2098
2099
2100
2101
2102
2103
2104
2105
2106
2107
2108
2109
2110
2111
2112
2113
2114
2115
2116
2117
2118
2119
2120
2121
2122
2123
2124
2125
2126
2127
2128
2129
2130
2131
2132
2133
2134
2135
2136
2137
2138
2139
2140
2141
2142
2143
2144
2145
2146
2147
2148
2149
2150
2151
2152
2153
2154
2155
2156
2157
2158
2159
2160
2161
2162
2163
2164
2165
2166
2167
2168
2169
2170
2171
2172
2173
2174
2175
2176
2177
2178
2179
2180
2181
2182
2183
2184
2185
2186
2187
2188
2189
2190
2191
2192
2193
2194
2195
2196
2197
2198
2199
2200
2201
2202
2203
2204
2205
2206
2207
2208
2209
2210
2211
2212
2213
2214
2215
2216
2217
2218
2219
2220
2221
2222
2223
2224
2225
2226
2227
2228
2229
2230
2231
2232
2233
2234
2235
2236
2237
2238
2239
2240
2241
2242
2243
2244
2245
2246
2247
2248
2249
2250
2251
2252
2253
2254
2255
2256
2257
2258
2259
2260
2261
2262
2263
2264
2265
2266
2267
2268
2269
2270
2271
2272
2273
2274
2275
2276
2277
2278
2279
2280
2281
2282
2283
2284
2285
2286
2287
2288
2289
2290
2291
2292
2293
2294
2295
2296
2297
2298
2299
2300
2301
2302
2303
2304
2305
2306
2307
2308
2309
2310
2311
2312
2313
2314
2315
2316
2317
2318
2319
2320
2321
2322
2323
2324
2325
2326
2327
2328
2329
2330
2331
2332
2333
2334
2335
2336
2337
2338
2339
2340
2341
2342
2343
2344
2345
2346
2347
2348
2349
2350
2351
2352
2353
2354
2355
2356
2357
2358
2359
2360
2361
2362
2363
2364
2365
2366
2367
2368
2369
2370
2371
2372
2373
2374
2375
2376
2377
2378
2379
2380
2381
2382
2383
2384
2385
2386
2387
2388
2389
2390
2391
2392
2393
2394
2395
2396
2397
2398
2399
2400
2401
2402
2403
2404
2405
2406
2407
2408
2409
2410
2411
2412
2413
2414
2415
2416
2417
2418
2419
2420
2421
2422
2423
2424
2425
2426
2427
2428
2429
2430
2431
2432
2433
2434
2435
2436
2437
2438
2439
2440
2441
2442
2443
2444
2445
2446
2447
2448
2449
2450
2451
2452
2453
2454
2455
2456
2457
2458
2459
2460
2461
2462
2463
2464
2465
2466
2467
2468
2469
2470
2471
2472
2473
2474
2475
2476
2477
2478
2479
2480
2481
2482
2483
2484
2485
2486
2487
2488
2489
2490
2491
2492
2493
2494
2495
2496
2497
2498
2499
2500
2501
2502
2503
2504
2505
2506
2507
2508
2509
2510
2511
2512
2513
2514
2515
2516
2517
2518
2519
2520
2521
2522
2523
2524
2525
2526
2527
2528
2529
2530
2531
2532
2533
2534
2535
2536
2537
2538
2539
2540
2541
2542
2543
2544
2545
2546
2547
2548
2549
2550
2551
2552
2553
2554
2555
2556
2557
2558
2559
2560
2561
2562
2563
2564
2565
2566
2567
2568
2569
2570
2571
2572
2573
2574
2575
2576
2577
2578
2579
2580
2581
2582
2583
2584
2585
2586
2587
2588
2589
2590
2591
2592
2593
2594
2595
2596
2597
2598
2599
2600
2601
2602
2603
2604
2605
2606
2607
2608
2609
2610
2611
2612
2613
2614
2615
2616
2617
2618
2619
2620
2621
2622
2623
2624
2625
2626
2627
2628
2629
2630
2631
2632
2633
2634
2635
2636
2637
2638
2639
2640
2641
2642
2643
2644
2645
2646
2647
2648
2649
2650
2651
2652
2653
2654
2655
2656
2657
2658
2659
2660
2661
2662
2663
2664
2665
2666
2667
2668
2669
2670
2671
2672
2673
2674
2675
2676
2677
2678
2679
2680
2681
2682
2683
2684
2685
2686
2687
2688
2689
2690
2691
26

BROWN, BRUCE
1711 DURHAM RD LANGHORNE PA 19047
CITY MOBILE AL

TAKE 1 TABLET BY MOUTH...

3 HOURS AS NEEDED

CAUTION: Federal and other laws may apply to this product.
oxyCODONE 30MG TAB
 215-110-0587
 Made in the USA
 NDC: 10702-0009-01
 Qty: 120
 Use By: 09-08-2017
 DR. ANAND, NEIL
 NDC: 10702-0009-01

Results: 0

(251 940-9695

Rx Details

Request Number : 4271047 Store Number : 5914

Rx Number : 302031

Fill No : 0

Fill Date : 09/17/2016

Rx Image

NEIL ANAND, M.D.
 DEA # _____ LIC # MD422681 NPI # 1982626818
 SONIA ANAND-NICHOLS, M.D.
 DEA # _____ LIC # MD446569 NPI # 1427205939
 DEBORAH MCGREGOR, M.D.
 DEA # FM 2582290 LIC # MD032354E NPI # 1093833311
 LOWER BUCKS HOSPITAL
 501 BATH ROAD, SUITE 210
 BRISTOL, PA 19007 (215) 310-8087 TEL
 (215) 940-9690 FAX
 ROXBOROUGH HOSPITAL MOB
 5735 RIDGE AVENUE, SUITE 101
 PHILADELPHIA, PA 19128 (215) 310-8087 TEL
 ARIA HOSPITAL WAKELING BUILDING
 5000 FRANKFORD AVENUE, SUITE 2
 PHILADELPHIA, PA 19124 (518) 928-3087 TEL

NAME Melina Hammond DOB 02/03/56
 ADDRESS _____ DATE 9/14/16

TAMPER RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

Rx Hypsingla 40mg ER
Disp. 5 tab. for 5 d
Disp. H 30
(Thirty)

- ☐ 1-24
 - ☐ 25-49
 - ☐ 50-74
 - ☐ 75-100
 - ☐ 101-150
 - ☐ 151 and over
- Units

☐ LABEL
 Refill ☒ 1 2 3 4 5

SUBSTITUTION PERMISSIBLE Respectively
 IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
 THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
 OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000229

6GGP0486349

CVS PHARMACY
Other Requests
BETWEEN 09/01/2016 AND 09/30/2016

PAGE: 1 of 1
RUN DATE: 03/17/2020 TIME: 11:46:37
REQUEST NBR: 4271047

<u>Patient</u> <u>First</u> <u>Name</u>	<u>Patient</u> <u>Last</u> <u>Name</u>	<u>Date of</u> <u>Birth</u>	<u>Store</u>	<u>Store City</u> <u>Name</u>	<u>Stor</u> <u>St</u>	<u>Drug</u> <u>DEA</u>	<u>Drug</u> <u>CL</u>	<u>Rx nbr</u>	<u>Rx</u> <u>Fill</u>	<u>Fill Dt</u>	<u>Drug Label Name</u>	<u>DSPNG</u> <u>QTY</u>	<u>Prescr DEA Nbr</u>	<u>Prescr</u> <u>First</u> <u>Name</u>	<u>Prescr</u> <u>Last</u> <u>Name</u>	<u>Cndr</u> <u>Plan</u> <u>Nbr</u>	<u>Sell</u> <u>Price</u> <u>Amt</u>	<u>TLOG Copay Amt</u>
MELINA	HAMOUROU	02/03/1956	5914	WARMINSTER	PA	2	F	302031	0	09/17/2016	HYSINGLA ER 40	30	BA8444565	NEIL	ANAND	19455	429.0	

Penndel Drugs (Location is CLOSE)
19 & 21 Bellevue Ave
Penndel, PA 19047

Re: Rx# 37606 & 37611.

To whom it may concern,

Rx# 37606 and 37611 written on September 9th, 2016 for Christopher Gray were initially processed by error under Dr. Neil Anand and then corrected and filled under Deborah McGregor. The correct prescriber for both prescriptions is Dr. Deborah McGregor.

Sincerely,

Family 1 Pharmacy
Family 1 Pharmacy

(215) 943-2221

Hiren Patel.

Attn: Tiger

fax 215-244-4288

Re: Chris Gray DOB 8/1/77

Rx 37611

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.
DEA # _____ LIC. # MD446569 NPI # 1427205939
DEBORAH MCGREGOR, M.D.
DEA # 2382290 LIC. # MD032354E NPI # 1093633311

LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210
BRISTOL, PA 19007 (215) 310-8087 TEL
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19126 (215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL

NAME Chris Gray DOB _____
ADDRESS _____ DATE 9/9/16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxycontin 40mg ER
Sig: 1 tab p.o. q 12

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

☐ LABEL NR
Refill NR 1-2-3-4-5

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000202 6GGP0486349

Rx 37606

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.
DEA # _____ LIC. # MD446569 NPI # 1427205939
DEBORAH MCGREGOR, M.D.
DEA # 2382290 LIC. # MD032354E NPI # 1093633311

LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210
BRISTOL, PA 19007 (215) 310-8087 TEL
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19126 (215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL

NAME Chris Gray DOB _____
ADDRESS _____ DATE 9/9/16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxycontin 30mg
Sig: 1 po q 4-6 PRN

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

☐ LABEL
Refill NR 1-2-3-4-5

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000203 6GGP0486349

Both these rx # are coming under DEA # BA 8444565 (Neil Anand)
However the scripts are signed by Dr Deborah McGregor

KHPE



6113 RIDGE AVENUE
PHILADELPHIA, PA 19128

P: 215-482-2697
F: 215-482-8495

February 3, 2020

To whom it may concern,

The prescription number N1258200 for Akousa Wilson, which was dated for September 9, 2016 (09/06/2016) was incorrectly filled under Dr. Neil Anand's name. The prescribing doctor on the aforementioned prescription appears to be Dr. Sonia Anand-Nichols and was put under Dr. Neil Anand in error.

Thank you,

David C. Bradstock R.Ph.
Morrison Pharmacy

2 pages

Attention: Nina

6/17/79

NEIL AMAND, M.D.
DEA # _____ LIC. # MD42287 NPI # 1525288
SONIA AMAND-NICHOLS, M.D.
DEA # FA348314 LIC. # MD44660 NPI # 143205939
DEBORAH MCGREGOR, M.D.
DEA # _____ LIC. # MD032354E NPI # 103383311

LOWER MERKS HOSPITAL
501 BATH ROAD, SUITE 210
BRISTOL, PA 19007 (215) 310-8087 TEL
(215) 940-8830 FAX

HOMBOROUGH HOSPITAL MOB
5736 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (215) 928-9087 TEL

NAME: Arkasa, Wilson DOB: 6/17/79
ADDRESS: 4013 WYALUSING AVE DATE: 9/9/16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R percoet 10/325 mg
T tab po q 6 PM
pain # 120
(one hundred twenty)

☐ LABEL
Pain ☒ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW

001750 6GGP0486349

MORRISON PHARMACY, INC.
8173 RIDGE AVE
PHILA, PA 19128

TELEPHONE Rx
9-08-16

AKOUSA WILSON

4013 WYALUSING AVE (267) 292-3348
PHILA, PA 19104

ORXYCOD/APAP 10-325MG TAB

NDC: 53746-0204-01

Price: \$79.07

Copay: \$10.00

RU: USH

Dr. ANAND, NEIL

Dr. DEA: BA8444565

Dr. Phone: (215) 310-8087

Dr. State License: MD422681

5600 RIDGE AVE

PHILA PA 19128

DOB: 5-17-79

QTY: #120

Refills Left: 0
Rx N1258200

ORIGINAL

RPh: IRD

1 TABLET BY MOUTH EVERY 6 HOURS AS
NEEDED FOR PAIN

TIME: _____

DATE: _____

naw- n

STANDARD FEATURES:

- ✓ SAFETY-BLUE ERASE-RESISTANT BACKGROUND
- ✓ "ILLEGAL" PANTOGRAPH
- ✓ REFILL INDICATOR
- ✓ SERIALIZATION
- ✓ ARTIFICIAL WATERMARK ON BACK
- ✓ MICROPRINTING

ADDITIONAL FEATURES (where applicable):

- ✓ QUANTITY CHECK-OFF BOXES (optional in some states)
- ✓ UNIQUE TRACKING IDENTIFICATION NUMBER (FL)
- ✓ THERMOCHROMIC APPROVED STATE SEAL (WA)

Rx#:203309N R#0 9/12/2016 Rph:DN (EXPRESS)
DANIELS, MICHAEL 2048 MEDARY AVE Philadelphia PA 19138
#120 OXYCODONE HYDROCHLORIDE TABS SUBC 265-05 ALVOGEN, I
Dr. Anand-Nichols, Sonia DEA # FA3903514 Refills:0
Copy: \$25.00 Ins.Paid: -\$25.00 Auth#: 513T3CR

- Rx # 203309N is under
correct provider DEA # Sonia Anand-Nichols
correctly entered by pharmacy
- PA PDMP provided by government
is under incorrect DEA#

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422881 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA # FA3903514 LIC. # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210,
BRISTOL, PA 19007

(215) 310-8087 TEL.
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

(215) 310-8087 TEL.

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124

(518) 928-3087 TEL.

NAME Michael Daniels

DOB 5/6/75

ADDRESS _____

DATE 9/12/16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

Oxycodone 30 mg
+ tab po q6^h pm
pain

120 (one hundred)
twenty

☐ LABEL

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE Yes

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

600663

6GGP0486349

MD
Verified
Per Office
NS42
☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

215-674-2297

Sophia



Wednesday, February 19, 2020

Institute of Advanced Medicine & Surgery
3554 Hulmeville Rd
Suite 101
Bensalem, PA 19020
215-940-9690

RE: Request for Personal Protected Health Information for: **Melina Hamouroudis**

CVS Pharmacy Tracking Number: **4227176**

TO WHOM THIS MAY CONCERN,

Please be advised that this office cannot complete your request for the following reason(s):

We are unable to correct the script# 302030 being inputted under Dr. Anand's DEA#. You will need to contact our Customer Relations line about this issue who then get in contact with the store to get this issue resolved if possible. The contact number is 800-239-6923.

If any further documentation is needed, please contact us using one of the contact methods below:

CVS Health
One CVS Drive
Woonsocket, RI 02895
Attn: Prescription
Records
Mail Code B120

Sincerely,
Becker
Prescription Records
CVS Health Corporation
P: 1(800) 287-2414
F: 1(401) 765-9304

— To whom it may concern,

Script #302030 for Melvin Hamourou
date of birth 2/3/56, written and filled
9/14/16 by CVS store number 5914, was
error under Dr. Neil Arnold instead of Dr. Debo
McGregor.

Sophia Crossin
~~Sophia Crossin~~
2/27/2020

Request Number : 4227176 Store Number : 5914

Rx Number : 302030

Fill No : 0

Fill Date : 09/14/2016

Rx Image

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1992626818
SONIA ANAND-NICHOLS, M.D.
DEA # _____ LIC. # MD446889 NPI # 1427206929
DEA # 2382570 DEBORAH MCGREGOR, M.D.
LIC. # MD0323542 NPI # 1093833311

LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210
BRISTOL, PA 19007 (215) 310-8087 TEL
(215) 940-8850 FAX

ROXBOROUGH HOSPITAL MOB
6735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING
3000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (610) 928-3087 TEL

NAME Melina Hamsarovich DOB 02/03/56
ADDRESS _____ DATE 9/14/16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxycodone 30mg
Sig: tab po q 4-6hr pm
Sig: #120
(One hundred & twenty)

☐	1-24
☐	25-49
☐	50-74
☐	75-100
☐	101-150
☐	151 and over
Units	

☐ LABELRefill NR 12345

SUBSTITUTION PERMISSIBLE Deborah McGregor
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

6G6P0486349

000230

- To whom it may concern,
script # ³⁰²⁰³¹ ~~202031~~ for Melina Hamouroudis,
date of birth 2/3/56, written and filled on
9/14/16 by CVS store number 5914, was filled in
error under Dr. Neil Anand instead of Dr. Deborah
McGregor.

Sophia Crossin Rph
Sophia Crossin
2/27/2020

Sophia Crossin
3/16/2020

FAX

To: PO AB 4281069

Fax Number : 2159409690

Phone :

From :

Fax:

Phone :

Email :

Notes:

Rx Details

Request Number : 4281069 Store Number : 5914

Rx Number : 302031

Fill No : 0

Fill Date : 09/17/2016

Rx Image

NEIL ANAND, M.D.
 DEA # _____ LIC # MD422681 NPI # 1992626819
 SONIA ANAND-NICHOLS, M.D.
 DEA # _____ LIC # MD446569 NPI # 1427205939
 DEBORAH MCGREGOR, M.D.
 DEA # FM 2582290 LIC # MD032354E NPI # 1003833311
 LOWER BUCKS HOSPITAL (215) 310-8087 TEL
 501 BATH ROAD, SUITE 210 (215) 940-9500 FAX
 BRISTOL, PA 19007
 ROXBOROUGH HOSPITAL MOB (215) 310-8087 TEL
 5735 RIDGE AVENUE, SUITE 101
 PHILADELPHIA, PA 19128
 ARIA HOSPITAL WAKELING BUILDING (518) 928-3087 TEL
 5000 FRANKFORD AVENUE, SUITE 2
 PHILADELPHIA, PA 19124

NAME Melina Hammond DOB 02/03/56
 ADDRESS _____ DATE 9/19/16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

Rx Hypsingla 40mg ER
Disp. 7 tabs for 9 d
disp. H 30
(Thirty)

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
 Units

☐ LABELRefill ☒ NP 12345

SUBSTITUTION PERMISSIBLE Respectively
 IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
 THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
 OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000229

6GGP0486349

Request Number : 4281069		Store Number : 5914		Rx Number : 302031		Fill No : 0		Fill Date : 09/17/2016	
Label									
Patient					Quantity & Fill				
Patient	HAMOUCOUDIS MELINA				Decimal Quantity Dispensed	30			
Gender	Female				Refills	0			
DOB	02/03/1956				Quantity Dispensed	30			
Age	60				Supply Days	30			
					Fill No	0			
Drug					Store				
Drug	EYSINGLA ER 40-MG TABLET				Store Number	5914			
Strength	40				NCPDP Id	3224781			
Dispensed NDC	59311027360				NPI Number	1003118521			
Script					Prescriber				
Rx Number	302031				Prescriber	ANAND K NEEL			
Rx Status Code	Filled					301 BATH RD STE 201			
DAW	3					BEISTOL PA 19007			
Compound Code	1				Phone	2153109087			
Written Date	09/14/2016				DEA	BA8444665			
Fill Date	09/17/2016				NPI				
Rx Transfer Code					LIC	C7-0002801			
Rx Origin Code	1								
Transfer From Store Number									
Verification					Med B Documents				
Script Verify Initials	CDE				Diagnosis Code				
Script Verify Date	09/17/2016				Attestation Quantity on Hand				
Direction									
TAKE 1 TABLET BY MOUTH DAILY									
POS/Signature									
Refund Indicator					Post Void Indicator				
Transaction Date	09/17/2016				Transaction Time	02:34:00 PM			
Scan Indicator	Y				Patient Counseling Indicator	N			
Forced Counseling Indicator	N				Other Counseling Indicator	N			
PCI Counseling Indicator	N				Safety Cap Indicator	N			
HIPAA Privacy/Notice Indicator	N				Cash Prescription Indicator	N			
Drive Thru Indicator	N				System Down Indicator	N			
Relationship To Patient					Register Number	13			
Patient Refused to Sign	N				Signature Date Indicator	N			
Signature Date	09/17/2016				Signature Time	02:34:11 PM			
Suppressed at POS	N				Saved Signature Used	Not Applicable			



Prescription Records Service Center
One CVS Drive
Woonsocket, RI 02895
Mail Code B120

**Private and Confidential
Intended for Addressee Only**

4271047
INSTITUTE OF ADVANCED MEDICINE & SURGERY
NEIL ANAND, MD
5735 RIDGE AVE, SUITE 101
PHILADELPHIA PA 19128

03/17/2020

Re :
HAMOUROUDIS, MELINA/ANAND, NEIL

Enclosed, please find the patient prescription profile obtained using the
information as specified per your request.

If you have questions regarding this report you may contact the Prescription Records Service Center at
1-800-287-2414 or email us at PrescriptionRecordSvcCenter@CVSCaremark.com.

Sincerely,
CVS/pharmacy Prescription Records Service Center

Family 1 Pharmacy
4005 Veterans Hwy
Levittown, PA 19055

Rx# 150654, 150655

The above prescription written on 11/09/2016 for Tracy Perfidio were processed by error under Dr Neil Anand. The correct prescriber for this prescriptions is Deborah McGregor. The prescriptions were filled in error under Dr Neil Anand's name initially.

Sincerely,

A handwritten signature in black ink, appearing to be a stylized 'D' or similar character.

Family 1 Pharmacy
215-943-2221

NEEL ANAND, M.D.
 LIC. # MD440357 NP # 142702064
 SONIA ANAND-NICHOLS, M.D.
 LIC. # MD440357 NP # 142702064
 DEBORAH MCGRISOR, M.D.
 LIC. # MD440357 NP # 142702064
 FM 2352210
 LOWER MERION HOSPITAL
 401 BATH ROAD, SUITE 210
 BRINTOL, PA 19007 (215) 274-1827 TEL
 (215) 274-1826 FAX
 HENRICHSLER HOSPITAL MOB
 1735 RIDGE AVENUE, SUITE 101
 PHILADELPHIA, PA 19104 (215) 274-1827 TEL
 ANNA HOSPITAL INPATIENT BUILDING
 500 FRANKFORD AVENUE, SUITE 2
 PHILADELPHIA, PA 19104 (215) 274-1827 TEL
 NAME Tracy Perfidio DOB _____
 ADDRESS _____ DATE 11-9-16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R. Ms Contin 30mg
 Sig: i tab po bid
 Disp #60 (sixty)

☐ 1-31
☐ 32-45
☐ 46-74
☐ 75-100
☐ 101-150
☐ 151 and over
 Units

LABEL

NAME Tracy Perfidio

SUBSTITUTION PERMISSIBLE
 IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
 THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
 OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW

601530

EGGP0486349

NEEL ANAND, M.D.
 LIC. # MD440357 NP # 142702064
 SONIA ANAND-NICHOLS, M.D.
 LIC. # MD440357 NP # 142702064
 DEBORAH MCGRISOR, M.D.
 LIC. # MD440357 NP # 142702064
 FM 2352210
 LOWER MERION HOSPITAL
 401 BATH ROAD, SUITE 210
 BRINTOL, PA 19007 (215) 274-1827 TEL
 (215) 274-1826 FAX
 HENRICHSLER HOSPITAL MOB
 1735 RIDGE AVENUE, SUITE 101
 PHILADELPHIA, PA 19104 (215) 274-1827 TEL
 ANNA HOSPITAL INPATIENT BUILDING
 500 FRANKFORD AVENUE, SUITE 2
 PHILADELPHIA, PA 19104 (215) 274-1827 TEL
 NAME Tracy Perfidio DOB _____
 ADDRESS _____ DATE 11-9-16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R. Oxycodone 15mg
 Sig: i tab po q 4 hrs prn
 Disp #90 (ninety)

☐ 1-31
☐ 32-45
☐ 46-74
☐ 75-100
☐ 101-150
☐ 151 and over
 Units

LABEL

NAME Tracy Perfidio

SUBSTITUTION PERMISSIBLE
 IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
 THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
 OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW

601530

EGGP0486349

Hausseman's Pharmacy

536 W Girard Ave

Philadelphia, PA 19123

(215)-925-1008

To Whom It May Concern,

On 4/7/17, the prescription for Strum-Copeland, Linda (1/3/60) was written by Dr. Deborah McGregor, but was billed under Dr. Anand Neil.

Rx- 655893 for Oxycodone/APAP 10/325mg] #120

We apologize for the mistake. If you have any questions, please feel free to contact us at (215)-925-1008.

Sincerely,

Anie Jacob, Rph, PharmD

Anie J. Jacob

**RITE AID # 02267
RITE AID PHARMACY # 2267
452 POND STREET
BRISTOL, PA 19007
(215) 785-1553**

With us, it's personal.

CALDWELL, SHANNON
909,
MANSSION STREET
BRISTOL, PA 19007-0000
(215) 876-7515
DOB: 08/31/1972

Rx #	STORE	CF	RF	DATE	NDC	RPH	MEDICATION	QTY DSP	DAYS SPLY	RETAIL PRICE	AMT PAID
INSTRUCTION								CLM REF #	PRESCRIBER		
1203553	2267	N	0	04/08/2017	53746020401	ALF	OXYCODONE-ACETAMINOPHEN 10-	90.0	30	\$305.99	\$0.00
take 1 tablet by mouth every 8 hours if needed								9334665704088G	ANAND, NEIL K		
TOTAL AMOUNT:										\$305.99	\$0.00

I certify that these medications were dispensed to the above by the order of a physician/licensed medical provider.

Pharmacist's Signature:

Date: 07/20/2015

[illegible]

THE UNIVERSITY OF CHICAGO

Percord 10/32S
Sig: T tab po q.s. bid. prn
Disp:# 90
(ninety)
DEA # FM 2382290
X# 2382290
(215) 496-5888

SUBSTITUTION REMAINS
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED
TITLE PRESCRIBER MUST HANDWRITE BRAND NECESSARY
NECESSARY IN THE SPACE BELOW

THE UNIVERSITY OF CHICAGO

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. ** quantity in f) represent partial quantity that was received by patient and billed.

*****THIS REPORT CONTAINS PATIENT HEALTH INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA LEGISLATION.*****
*****THIS INFORMATION MUST BE USED AND STORED IN ACCORDANCE WITH OUR COMPANY'S PRIVACY POLICIES.*****

* * * * * **END OF REPORT** * * * * *

Above Script written by (as per reading)
(not verified) Dr. Deborah McGregor on 4/17/17



10000 BUSTLETON AVE ST#07544
PHILADELPHIA, PA, 19116

Tel: 215-6981878

Date: 06/19/2020

Fax: 215-6982732

Time: 15:4:43 (CST)

Pages: 2

Attention: Walgreens 07544

Message:

This communication is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED. If you have received this message in error, please notify sender immediately.

To Whom It May Concern,

Our institution, Walgreens Pharmacy store #07544, dispensed the following prescriptions: 985366, 985365, and 1007963 for the patient, Maria Sideris (DOB: 06/09/1976). The prescriptions were dispensed under the incorrect prescriber, Dr. Neil Anand. The correct prescriber is Viktoriya Makarova.

John Mark

A handwritten signature in black ink, appearing to be 'John Mark', with a long horizontal stroke extending to the right.

Walgreens Pharmacy Manager 07544

WESTBROOK PARK PHARMACY

6/22/20

RE: RX554793
RX555953
RX556564
RX557244

RATIGNT MICHAEL DANIELS
DOB 5/6/75

[Handwritten signature]

Please accept this statement to the fact that the above prescriptions were erroneously processed with Dr Neil Anand's DEA and NPI information. The prescriptions were written by Nurse Practitioner Viktoriya Makarova

Sincerely
Barry Green RPh
Owner

244 W Baltimore Ave
Clifton Heights Pa
19018

PHONE 610-626-2949
FAX 610-626-2950

To Whom It May Concern

Rx 13829 and Rx 13828 pertaining to patient Jennifer Yannonne was filled on 07/19/2019 at WIRX Pharmacy. Both prescriptions were written and dispensed under Dr. Viktoriya Makarova with DEA# MM4784030. At that time, WIRX Pharmacy was manually submitting PDMP submissions; the date dispensed and doctor were altered and the resubmission did not update into PDMP. Attached is a change log indicating the wrong MD was corrected after the submission occurred.

If needed, we can provide the raw data for the PDMP submissions for your records as well.

Thank you,



Rebecca Strota, PharmD, Rph, B.S

Pharmacy Manager, WIRX Pharmacy

540 Pennsylvania Ave

PO Box 5121

Fort Washington, PA 19084

215-628-0714 (t)

215-628-0715 (f)

www.wirxpharmacy.com



Local, Fast, Simple.

Prescription Change Log Report.

Changes and Deletes for RX#13829-00

Date	Time	Rx Num	Rph	User	Description
Field Name	Old Value	New Value			
07/30/2018	15:44:03	013829-00	PJ	TRISH md	
Doctor	100060	100746			

Prescription Change Log Report.

Changes and Deletes for RX#13828-00

Date	Time	Rx Num	Rph	User	Description	
Field Name		Old Value		New Value		
07/30/2018	15:44:57	013828-00	PJ	TRISH	wrong md	
Doctor		100080				
						100746

RE: STEVEN WALLS



MILL STREET PHARMACY

416 Mill Street
Bristol, PA 19007
Phone: 215-788-88RX
Fax: 215-788-8890

David Cunningham, R.Ph. | Robert Schreiber, R.Ph. | Charles Lebegern, R.Ph.

June 2, 2020

Dr. Neil Anand,

I'm writing to you in regards to two prescriptions that were filled with your DEA number and not the DEA number of the physician who wrote the prescriptions. This was a clerical error only. The correct patient received the correct medication, strength and quantity along with having the correct directions on both prescriptions. The prescriptions involved were written on 4/12/17 and were for patient SW (DOB 8/8/56). The prescription numbers were 248359 and 248360 filled on 4/12/17. The physician should have been Deborah McGregor (DEA FM2382290) and not Neil Anand (DEA BA8444565). We apologize for this clerical error and hope this letter will help clarify the issue.

Best Regards,

David B. Cunningham, R.Ph.
President

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

38 EAST BRIDGE STREET, SUITE 102 (215) 310-8087 TEL.
MORRISVILLE, PA 19067 (215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101 (215) 310-8087 TEL.
PHILADELPHIA, PA 19128

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2 (518) 928-3087 TEL.
PHILADELPHIA, PA 19124

NAME Steven Walls DOB _____
ADDRESS _____ DATE 2-14-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxycodone 30mg
Sig: $\dot{\bar{i}}$ tab po q 4-6 hrs prn
Disp: # 120
(one hundred & twenty)
Refill ☐ LABEL NR 1-2-3-4-5 (215) 495-9686

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

001380

6L09GP0486349

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

38 EAST BRIDGE STREET, SUITE 102 (215) 310-8087 TEL.
MORRISVILLE, PA 19067 (215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101 (215) 310-8087 TEL.
PHILADELPHIA, PA 19128

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2 (518) 928-3087 TEL.
PHILADELPHIA, PA 19124

NAME Steven Walls DOB _____
ADDRESS _____ DATE 2-14-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxycotin 80mg
Sig: $\dot{\bar{i}}$ tab po q 12 hrs
Disp: 60
(sixty)
Refill ☐ LABEL NR 1-2-3-4-5 (215) 495-9686

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

001379

6L09GP0486349

NEIL ANAND, M.D.
LIC # MD422681 NPI # 1982628818
VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
LIC # SP018354 NPI # 1396251815
BERNARD STUETZ, P.A.
LIC # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128
(215) 310-8087 TEL
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124
(518) 928-3087 TEL
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020
(215) 310-8087 TEL

NAME FRANCIS Anuzzi DOB _____
ADDRESS _____ DATE 7-2-18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

Oxycodone 30 mg

sig: T-1 tab po q 4-6 hrs PRN

Disp # 120 (one hundred)

Refill NR

- ☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over

PA # NPPA032972

LIC # SP018354

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

002707

8E26GP0522598

NEIL ANAND, M.D.
LIC # MD422681 NPI # 1982628818
VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
LIC # SP018354 NPI # 1396251815
BERNARD STUETZ, P.A.
LIC # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128
(215) 310-8087 TEL
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124
(518) 928-3087 TEL
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020
(215) 310-8087 TEL

NAME FRANCIS Anuzzi DOB _____
ADDRESS _____ DATE 7-2-18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

Fentanyl patch 12mcg/hr

sig: T patch q 3 days

Disp # 10 (Ten)

Refill NR

- ☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over

PA # NPPA032972

LIC # SP018354

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

002706

8E26GP0522598

Rx 2308892

Rx 2308893

Store #
Address:
Ph:
Fax:

Rite Aid Pharmacy

Fax

To: Dr. Neil Anand's Office

From: Rite Aid #3637

Fax: (215) 940-9690

Pages: 1

Phone: (215) 310-8087

Date: 7/13/2020

Re:

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

● Comments:

To whom it may concern,

Rx # 2162426 for Roosevelt Thomas (DOB: 7/3/77) was mistakenly typed under Dr. Neil Anand's name for Oxycodone 20mg. The prescriber that wrote this Rx for the patient on 7/25/18 was Dr. Viktoriya Makarova at the time after review.

Thanks,

Nina, Rx Pharmacy Manager

@ Store #3637, Rite Aid

Disclaimer: This facsimile is intended only for the personal use of the recipient(s) named above. If you are not an intended recipient, you may not review, copy or distribute this message. If you have received this communication in error, please notify us immediately by phone and discard the original message. This facsimile expresses views only of the sender, which are not to be attributed to Rite Aid Corporation and may not be copied or distributed without this statement.

DEA # _____ NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
DEA # _____ VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
LIC. # SP018354 NPI # 1396251815
DEA # _____ BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL.

NAME Roosevelt Thomas DOB _____
ADDRESS _____ DATE 7/25/18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R onycodone 20mg
Sig 1² tab po q 4-6 hrs
Disp # 120
one hundred twenty
☐ LABEL
Refill NR 1 2 3 4 5
☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units
PA # NPPA032972
LIC # SP018354
DEA # MM4784030

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.
V. Mary

001718

8E26GP0522598

onycodone 20
120
Sig 1²

05/21/2020

To whom it may concern:

Inadvertently, at Charlie's Pharmacy in Levittown PA had filled and reported to the PDMP two prescriptions for Bruce Brown d.o.b. 11-4-1962 on 09/11/2018 mistakenly under Dr. Neil Anand for RX# 61778 written for a quantity of 60 Oxycontin 80mg and also RX# 61779 written for a quantity of 120 Oxycodone 30mg. Both of these prescriptions were written by Dr. Viktoriya Makarova. Attached are photocopies of both prescriptions. Any questions or concerns please feel free to call us at 215-269-7000.

Thank you,

Charles Shea R.Ph.

Charles A. Shea ~~III~~ RPh

NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
VICTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
LIC. # SP018354 NPI # 1396251815
BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562

DEA # _____
ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL.

NAME Bruce Brown DOB _____
ADDRESS _____ DATE 9-11-18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R oxycontin 80mg ER
Sig: $\dot{\bar{I}}$ tab po BID
#60 (Sixty)
PA # NPPA032972
LIC # SP018354
DEA # MM4784030
1-24
25-49
50-74
75-100
101-150
151 and over
Units

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000824

8E26GP0522598

NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
VICTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
LIC. # SP018354 NPI # 1396251815
BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562

DEA # _____
ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL.

NAME Bruce Brown DOB _____
ADDRESS _____ DATE 9-11-18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R oxycodone 30mg
Sig: $\dot{\bar{I}}$ tab po QID
#120 (one hundred + twenty)
PA # NPPA032972
LIC # SP018354
DEA # MM4784030
1-24
25-49
50-74
75-100
101-150
151 and over
Units

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000825

8E26GP0522598

64400 Trigeminal
96365 IV infusion
96366 IV infusion
64405 Greater occ

J0585 Botox inj
Stim Codes:
63650 Perc Plac
63685 Inscr/Rt
95970 Electric
95971 Prog An
95972 Prog Ai
Rhizotomy C
64633 RFA
64634 RFA
64635 RFA

64640 RFA

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067 (215) 310-8087 TEL
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL

NAME Linda Strum Copeland DOB 1-3-60
ADDRESS _____ DATE 4-7-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Percocet 10/325
Sig: i tab po q 4-6 hrs prn
Disp. # 120
One hundred & twenty

☐ LABEL PA License # 151 and over
Refill NR 1 2 3 4 5 (twenty) MD 032354E Units

DEA # FM 2382290

XM 2382290

(215) 495-9686

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.



000799

6L09GP0486349

Haussemann's Pharmacy

536 W Girard Ave

Philadelphia, PA 19123

(215)-925-1008

To Whom It May Concern,

The following prescriptions for Strum-Copeland, Linda (1/3/60) were written by Viktoriya Makarova CRNP but billed accidentally under Dr. Anand Neil.

On 9/10/18:

672532- Endocet-10/325mg #120

672533- Morphine Sulfate-ER 30mg #60

On 10/8/18:

673441- Endocet-10/325mg #120

673442- Morphine Sulfate-ER 30mg #60

On 11/5/18:

674311- Endocet-10/325mg #120

674312- Morphine Sulfate-ER 30mg #60

On 12/3/18:

675106- Endocet-10/325mg #120

675105- Morphine Sulfate-ER 30mg #60

We apologize for the mistake. If you have any questions, please feel free to contact us at (215)-925-1008.

Sincerely,

Anie Jacob, Rph, PharmD

Anie J. Jacob.

NEIL ANAND, M.D.
LIC # 1302020810
NPI # 1002020810

VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
LIC # SP018354
DEA # NM14784030

BERNARD STUETZ, P.A.
LIC # MAND081212
NPI # 1002020810

PHILADELPHIA HOSPITAL ACE
6700 RIVERSIDE AVE., SUITE 101
PHILADELPHIA, PA 19126
(215) 310-8087 TEL
(215) 940-9600 FAX

AKA HOSPITAL WAKELING
5300 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124
(518) 908-3087 TEL

1306 BRISTOL PIKE, SUITE 103
BENSALAM, PA 19020
(215) 310-8087 TEL

NAME Linda Struv Copeland DOB _____
ADDRESS _____ DATE 9-10-18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R percocet 10/325mg ☐ 1-24 ☐ 25-49 ☐ 50-74 ☐ 75-99 ☐ 100-149 ☐ 150-199 ☐ 200-249 ☐ 250-299 ☐ 300-349 ☐ 350-399 ☐ 400-449 ☐ 450-499 ☐ 500-549 ☐ 550-599 ☐ 600-649 ☐ 650-699 ☐ 700-749 ☐ 750-799 ☐ 800-849 ☐ 850-899 ☐ 900-949 ☐ 950-999 ☐ 1000-1049 ☐ 1050-1099 ☐ 1100-1149 ☐ 1150-1199 ☐ 1200-1249 ☐ 1250-1299 ☐ 1300-1349 ☐ 1350-1399 ☐ 1400-1449 ☐ 1450-1499 ☐ 1500-1549 ☐ 1550-1599 ☐ 1600-1649 ☐ 1650-1699 ☐ 1700-1749 ☐ 1750-1799 ☐ 1800-1849 ☐ 1850-1899 ☐ 1900-1949 ☐ 1950-1999 ☐ 2000-2049 ☐ 2050-2099 ☐ 2100-2149 ☐ 2150-2199 ☐ 2200-2249 ☐ 2250-2299 ☐ 2300-2349 ☐ 2350-2399 ☐ 2400-2449 ☐ 2450-2499 ☐ 2500-2549 ☐ 2550-2599 ☐ 2600-2649 ☐ 2650-2699 ☐ 2700-2749 ☐ 2750-2799 ☐ 2800-2849 ☐ 2850-2899 ☐ 2900-2949 ☐ 2950-2999 ☐ 3000-3049 ☐ 3050-3099 ☐ 3100-3149 ☐ 3150-3199 ☐ 3200-3249 ☐ 3250-3299 ☐ 3300-3349 ☐ 3350-3399 ☐ 3400-3449 ☐ 3450-3499 ☐ 3500-3549 ☐ 3550-3599 ☐ 3600-3649 ☐ 3650-3699 ☐ 3700-3749 ☐ 3750-3799 ☐ 3800-3849 ☐ 3850-3899 ☐ 3900-3949 ☐ 3950-3999 ☐ 4000-4049 ☐ 4050-4099 ☐ 4100-4149 ☐ 4150-4199 ☐ 4200-4249 ☐ 4250-4299 ☐ 4300-4349 ☐ 4350-4399 ☐ 4400-4449 ☐ 4450-4499 ☐ 4500-4549 ☐ 4550-4599 ☐ 4600-4649 ☐ 4650-4699 ☐ 4700-4749 ☐ 4750-4799 ☐ 4800-4849 ☐ 4850-4899 ☐ 4900-4949 ☐ 4950-4999 ☐ 5000-5049 ☐ 5050-5099 ☐ 5100-5149 ☐ 5150-5199 ☐ 5200-5249 ☐ 5250-5299 ☐ 5300-5349 ☐ 5350-5399 ☐ 5400-5449 ☐ 5450-5499 ☐ 5500-5549 ☐ 5550-5599 ☐ 5600-5649 ☐ 5650-5699 ☐ 5700-5749 ☐ 5750-5799 ☐ 5800-5849 ☐ 5850-5899 ☐ 5900-5949 ☐ 5950-5999 ☐ 6000-6049 ☐ 6050-6099 ☐ 6100-6149 ☐ 6150-6199 ☐ 6200-6249 ☐ 6250-6299 ☐ 6300-6349 ☐ 6350-6399 ☐ 6400-6449 ☐ 6450-6499 ☐ 6500-6549 ☐ 6550-6599 ☐ 6600-6649 ☐ 6650-6699 ☐ 6700-6749 ☐ 6750-6799 ☐ 6800-6849 ☐ 6850-6899 ☐ 6900-6949 ☐ 6950-6999 ☐ 7000-7049 ☐ 7050-7099 ☐ 7100-7149 ☐ 7150-7199 ☐ 7200-7249 ☐ 7250-7299 ☐ 7300-7349 ☐ 7350-7399 ☐ 7400-7449 ☐ 7450-7499 ☐ 7500-7549 ☐ 7550-7599 ☐ 7600-7649 ☐ 7650-7699 ☐ 7700-7749 ☐ 7750-7799 ☐ 7800-7849 ☐ 7850-7899 ☐ 7900-7949 ☐ 7950-7999 ☐ 8000-8049 ☐ 8050-8099 ☐ 8100-8149 ☐ 8150-8199 ☐ 8200-8249 ☐ 8250-8299 ☐ 8300-8349 ☐ 8350-8399 ☐ 8400-8449 ☐ 8450-8499 ☐ 8500-8549 ☐ 8550-8599 ☐ 8600-8649 ☐ 8650-8699 ☐ 8700-8749 ☐ 8750-8799 ☐ 8800-8849 ☐ 8850-8899 ☐ 8900-8949 ☐ 8950-8999 ☐ 9000-9049 ☐ 9050-9099 ☐ 9100-9149 ☐ 9150-9199 ☐ 9200-9249 ☐ 9250-9299 ☐ 9300-9349 ☐ 9350-9399 ☐ 9400-9449 ☐ 9450-9499 ☐ 9500-9549 ☐ 9550-9599 ☐ 9600-9649 ☐ 9650-9699 ☐ 9700-9749 ☐ 9750-9799 ☐ 9800-9849 ☐ 9850-9899 ☐ 9900-9949 ☐ 9950-9999 ☐ 10000-10049 ☐ 10050-10099 ☐ 10100-10149 ☐ 10150-10199 ☐ 10200-10249 ☐ 10250-10299 ☐ 10300-10349 ☐ 10350-10399 ☐ 10400-10449 ☐ 10450-10499 ☐ 10500-10549 ☐ 10550-10599 ☐ 10600-10649 ☐ 10650-10699 ☐ 10700-10749 ☐ 10750-10799 ☐ 10800-10849 ☐ 10850-10899 ☐ 10900-10949 ☐ 10950-10999 ☐ 11000-11049 ☐ 11050-11099 ☐ 11100-11149 ☐ 11150-11199 ☐ 11200-11249 ☐ 11250-11299 ☐ 11300-11349 ☐ 11350-11399 ☐ 11400-11449 ☐ 11450-11499 ☐ 11500-11549 ☐ 11550-11599 ☐ 11600-11649 ☐ 11650-11699 ☐ 11700-11749 ☐ 11750-11799 ☐ 11800-11849 ☐ 11850-11899 ☐ 11900-11949 ☐ 11950-11999 ☐ 12000-12049 ☐ 12050-12099 ☐ 12100-12149 ☐ 12150-12199 ☐ 12200-12249 ☐ 12250-12299 ☐ 12300-12349 ☐ 12350-12399 ☐ 12400-12449 ☐ 12450-12499 ☐ 12500-12549 ☐ 12550-12599 ☐ 12600-12649 ☐ 12650-12699 ☐ 12700-12749 ☐ 12750-12799 ☐ 12800-12849 ☐ 12850-12899 ☐ 12900-12949 ☐ 12950-12999 ☐ 13000-13049 ☐ 13050-13099 ☐ 13100-13149 ☐ 13150-13199 ☐ 13200-13249 ☐ 13250-13299 ☐ 13300-13349 ☐ 13350-13399 ☐ 13400-13449 ☐ 13450-13499 ☐ 13500-13549 ☐ 13550-13599 ☐ 13600-13649 ☐ 13650-13699 ☐ 13700-13749 ☐ 13750-13799 ☐ 13800-13849 ☐ 13850-13899 ☐ 13900-13949 ☐ 13950-13999 ☐ 14000-14049 ☐ 14050-14099 ☐ 14100-14149 ☐ 14150-14199 ☐ 14200-14249 ☐ 14250-14299 ☐ 14300-14349 ☐ 14350-14399 ☐ 14400-14449 ☐ 14450-14499 ☐ 14500-14549 ☐ 14550-14599 ☐ 14600-14649 ☐ 14650-14699 ☐ 14700-14749 ☐ 14750-14799 ☐ 14800-14849 ☐ 14850-14899 ☐ 14900-14949 ☐ 14950-14999 ☐ 15000-15049 ☐ 15050-15099 ☐ 15100-15149 ☐ 15150-15199 ☐ 15200-15249 ☐ 15250-15299 ☐ 15300-15349 ☐ 15350-15399 ☐ 15400-15449 ☐ 15450-15499 ☐ 15500-15549 ☐ 15550-15599 ☐ 15600-15649 ☐ 15650-15699 ☐ 15700-15749 ☐ 15750-15799 ☐ 15800-15849 ☐ 15850-15899 ☐ 15900-15949 ☐ 15950-15999 ☐ 16000-16049 ☐ 16050-16099 ☐ 16100-16149 ☐ 16150-16199 ☐ 16200-16249 ☐ 16250-16299 ☐ 16300-16349 ☐ 16350-16399 ☐ 16400-16449 ☐ 16450-16499 ☐ 16500-16549 ☐ 16550-16599 ☐ 16600-16649 ☐ 16650-16699 ☐ 16700-16749 ☐ 16750-16799 ☐ 16800-16849 ☐ 16850-16899 ☐ 16900-16949 ☐ 16950-16999 ☐ 17000-17049 ☐ 17050-17099 ☐ 17100-17149 ☐ 17150-17199 ☐ 17200-17249 ☐ 17250-17299 ☐ 17300-17349 ☐ 17350-17399 ☐ 17400-17449 ☐ 17450-17499 ☐ 17500-17549 ☐ 17550-17599 ☐ 17600-17649 ☐ 17650-17699 ☐ 17700-17749 ☐ 17750-17799 ☐ 17800-17849 ☐ 17850-17899 ☐ 17900-17949 ☐ 17950-17999 ☐ 18000-18049 ☐ 18050-18099 ☐ 18100-18149 ☐ 18150-18199 ☐ 18200-18249 ☐ 18250-18299 ☐ 18300-18349 ☐ 18350-18399 ☐ 18400-18449 ☐ 18450-18499 ☐ 18500-18549 ☐ 18550-18599 ☐ 18600-18649 ☐ 18650-18699 ☐ 18700-18749 ☐ 18750-18799 ☐ 18800-18849 ☐ 18850-18899 ☐ 18900-18949 ☐ 18950-18999 ☐ 19000-19049 ☐ 19050-19099 ☐ 19100-19149 ☐ 19150-19199 ☐ 19200-19249 ☐ 19250-19299 ☐ 19300-19349 ☐ 19350-19399 ☐ 19400-19449 ☐ 19450-19499 ☐ 19500-19549 ☐ 19550-19599 ☐ 19600-19649 ☐ 19650-19699 ☐ 19700-19749 ☐ 19750-19799 ☐ 19800-19849 ☐ 19850-19899 ☐ 19900-19949 ☐ 19950-19999 ☐ 20000-20049 ☐ 20050-20099 ☐ 20100-20149 ☐ 20150-20199 ☐ 20200-20249 ☐ 20250-20299 ☐ 20300-20349 ☐ 20350-20399 ☐ 20400-20449 ☐ 20450-20499 ☐ 20500-20549 ☐ 20550-20599 ☐ 20600-20649 ☐ 20650-20699 ☐ 20700-20749 ☐ 20750-20799 ☐ 20800-20849 ☐ 20850-20899 ☐ 20900-20949 ☐ 20950-20999 ☐ 21000-21049 ☐ 21050-21099 ☐ 21100-21149 ☐ 21150-21199 ☐ 21200-21249 ☐ 21250-21299 ☐ 21300-21349 ☐ 21350-21399 ☐ 21400-21449 ☐ 21450-21499 ☐ 21500-21549 ☐ 21550-21599 ☐ 21600-21649 ☐ 21650-21699 ☐ 21700-21749 ☐ 21750-21799 ☐ 21800-21849 ☐ 21850-21899 ☐ 21900-21949 ☐ 21950-21999 ☐ 22000-22049 ☐ 22050-22099 ☐ 22100-22149 ☐ 22150-22199 ☐ 22200-22249 ☐ 22250-22299 ☐ 22300-22349 ☐ 22350-22399 ☐ 22400-22449 ☐ 22450-22499 ☐ 22500-22549 ☐ 22550-22599 ☐ 22600-22649 ☐ 22650-22699 ☐ 22700-22749 ☐ 22750-22799 ☐ 22800-22849 ☐ 22850-22899 ☐ 22900-22949 ☐ 22950-22999 ☐ 23000-23049 ☐ 23050-23099 ☐ 23100-23149 ☐ 23150-23199 ☐ 23200-23249 ☐ 23250-23299 ☐ 23300-23349 ☐ 23350-23399 ☐ 23400-23449 ☐ 23450-23499 ☐ 23500-23549 ☐ 23550-23599 ☐ 23600-23649 ☐ 23650-23699 ☐ 23700-23749 ☐ 23750-23799 ☐ 23800-23849 ☐ 23850-23899 ☐ 23900-23949 ☐ 23950-23999 ☐ 24000-24049 ☐ 24050-24099 ☐ 24100-24149 ☐ 24150-24199 ☐ 24200-24249 ☐ 24250-24299 ☐ 24300-24349 ☐ 24350-24399 ☐ 24400-24449 ☐ 24450-24499 ☐ 24500-24549 ☐ 24550-24599 ☐ 24600-24649 ☐ 24650-24699 ☐ 24700-24749 ☐ 24750-24799 ☐ 24800-24849 ☐ 24850-24899 ☐ 24900-24949 ☐ 24950-24999 ☐ 25000-25049 ☐ 25050-25099 ☐ 25100-25149 ☐ 25150-25199 ☐ 25200-25249 ☐ 25250-25299 ☐ 25300-25349 ☐ 25350-25399 ☐ 25400-25449 ☐ 25450-25499 ☐ 25500-25549 ☐ 25550-25599 ☐ 25600-25649 ☐ 25650-25699 ☐ 25700-25749 ☐ 25750-25799 ☐ 25800-25849 ☐ 25850-25899 ☐ 25900-25949 ☐ 25950-25999 ☐ 26000-26049 ☐ 26050-26099 ☐ 26100-26149 ☐ 26150-26199 ☐ 26200-26249 ☐ 26250-26299 ☐ 26300-26349 ☐ 26350-26399 ☐ 26400-26449 ☐ 26450-26499 ☐ 26500-26549 ☐ 26550-26599 ☐ 26600-26649 ☐ 26650-26699 ☐ 26700-26749 ☐ 26750-26799 ☐ 26800-26849 ☐ 26850-26899 ☐ 26900-26949 ☐ 26950-26999 ☐ 27000-27049 ☐ 27050-27099 ☐ 27100-27149 ☐ 27150-27199 ☐ 27200-27249 ☐ 27250-27299 ☐ 27300-27349 ☐ 27350-27399 ☐ 27400-27449 ☐ 27450-27499 ☐ 27500-27549 ☐ 27550-27599 ☐ 27600-27649 ☐ 27650-27699 ☐ 27700-27749 ☐ 27750-27799 ☐ 27800-27849 ☐ 27850-27899 ☐ 27900-27949 ☐ 27950-27999 ☐ 28000-28049 ☐ 28050-28099 ☐ 28100-28149 ☐ 28150-28199 ☐ 28200-28249 ☐ 28250-28299 ☐ 28300-28349 ☐ 28350-28399 ☐ 28400-28449 ☐ 28450-28499 ☐ 28500-28549 ☐ 28550-28599 ☐ 28600-28649 ☐ 28650-28699 ☐ 28700-28749 ☐ 28750-28799 ☐ 28800-28849 ☐ 28850-28899 ☐ 28900-28949 ☐ 28950-28999 ☐ 29000-29049 ☐ 29050-29099 ☐ 29100-29149 ☐ 29150-29199 ☐ 29200-29249 ☐ 29250-29299 ☐ 29300-29349 ☐ 29350-29399 ☐ 29400-29449 ☐ 29450-29499 ☐ 29500-29549 ☐ 29550-29599 ☐ 29600-29649 ☐ 29650-29699 ☐ 29700-29749 ☐ 29750-29799 ☐ 29800-29849 ☐ 29850-29899 ☐ 29900-29949 ☐ 29950-29999 ☐ 30000-30049 ☐ 30050-30099 ☐ 30100-30149 ☐ 30150-30199 ☐ 30200-30249 ☐ 30250-30299 ☐ 30300-30349 ☐ 30350-30399 ☐ 30400-30449 ☐ 30450-30499 ☐ 30500-30549 ☐ 30550-30599 ☐ 30600-30649 ☐ 30650-30699 ☐ 30700-30749 ☐ 30750-30799 ☐ 30800-30849 ☐ 30850-30899 ☐ 30900-30949 ☐ 30950-30999 ☐ 31000-31049 ☐ 31050-31099 ☐ 31100-31149 ☐ 31150-31199 ☐ 31200-31249 ☐ 31250-31299 ☐ 31300-31349 ☐ 31350-31399 ☐ 31400-31449 ☐ 31450-31499 ☐ 31500-31549 ☐ 31550-31599 ☐ 31600-31649 ☐ 31650-31699 ☐ 31700-31749 ☐ 31750-31799 ☐ 31800-31849 ☐ 31850-31899 ☐ 31900-31949 ☐ 31950-31999 ☐ 32000-32049 ☐ 32050-32099 ☐ 32100-32149 ☐ 32150-32199 ☐ 32200-32249 ☐ 32250-32299 ☐ 32300-32349 ☐ 32350-32399 ☐ 32400-32449 ☐ 32450-32499 ☐ 32500-32549 ☐ 32550-32599 ☐ 32600-32649 ☐ 32650-32699 ☐ 32700-32749 ☐ 32750-32799 ☐ 32800-32849 ☐ 32850-32899 ☐ 32900-32949 ☐ 32950-32999 ☐ 33000-33049 ☐ 33050-33099 ☐ 33100-33149 ☐ 33150-33199 ☐ 33200-33249 ☐ 33250-33299 ☐ 33300-33349 ☐ 33350-33399 ☐ 33400-33449 ☐ 33450-33499 ☐ 33500-33549 ☐ 33550-33599 ☐ 33600-33649 ☐ 33650-33699 ☐ 33700-33749 ☐ 33750-33799 ☐ 33800-33849 ☐ 33850-33899 ☐ 33900-33949 ☐ 33950-33999 ☐ 34000-34049 ☐ 34050-34099 ☐ 34100-34149 ☐ 34150-34199 ☐ 34200-34249 ☐ 34250-34299

Small joint/bursa injxn
20606 Medium joint/bursa injxn
20611 Major joint/bursa injxn
64415 Median NB/Ulnar NB
64418 Suprascap NB
64417 Axillary NB
64447 Femoral Nerve Injection
64445 S.

64450 Lesser ONB/LFCN/Perip NB
64505 Sphenopalatine Gan...
64400 Trigeminal

NEIL ANAND, M.D.

LIC. # MD422681

NPI # 1982626818

VIKTORIYA MAKAROVA, C.R.N.P.

PA # NPPA032972

NPI # 1396251815

LIC. # SP018354

BERNARD STUETZ, P.A.

LIC. # MA000812-L

NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128

(215) 310-8087 TEL.
(215) 940-9690 FAX

ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124

(518) 928-3087 TEL.

1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020

(215) 310-8087 TEL.

NAME Linda Strum-Copeland DOB 10/8/18

ADDRESS _____

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

Pericel- 10/325 mg
T-1ab po QID
120 (one hundred and twenty)

- ☐ 1-24
☐ 25-49
☐ 50-74
☐ 101-150
☐ 151 and over
Units

LABEL

Refill NR 1 2 3 4 5

PA # NPPA032972

LIC # SP018354

DEA # MM4784030

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

8E26GP0522598

000450

8/13/18

Northrip Tyline

NEIL ANAND, M.D.

LIC. # MD422681

NPI # 1982626818

VIKTORIYA MAKAROVA, C.R.N.P.

PA # NPPA032972

NPI # 1396251815

LIC. # SP018354

BERNARD STUETZ, P.A.

LIC. # MA000812-L

NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128

(215) 310-8087 TEL.
(215) 940-9690 FAX

ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124

(518) 928-3087 TEL.

1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020

(215) 310-8087 TEL.

NAME Linda Strum-Copeland DOB 10/8/18

ADDRESS _____

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

Mrs Contin 30 mg
T-1ab po BID
60 (sixty)

- ☐ 1-24
☐ 25-49
☐ 50-74
☐ 101-150
☐ 151 and over
Units

LABEL

Refill NR 1 2 3 4 5

PA # NPPA032972

LIC # SP018354

DEA # MM4784030

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

002201

8E26GP0522598

NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
LIC. # SP018354 NPI # 1396251815
BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL.

NAME Linda Strum-Copeland DOB _____
ADDRESS _____ DATE 11-5-18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

*ms contin 30mg
T-lab po w BID*

60 (sixty)
☐ LABEL
Refill ☒ NR 1 2 3 4 5

PA # NPPA032972
LIC # SP018354
DEA # MM4784030

- ☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-99
☐ 101-150
☐ 151 and over
Units

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

003055

8E26GP0522598

NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
LIC. # SP018354 NPI # 1396251815
BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL.

NAME Linda Strum-Copeland DOB _____
ADDRESS _____ DATE 11-5-18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

Pericel 10/325 mg

T-lab po QID

120 (one hundred & twenty)

☐ LABEL

Refill ☒ NR 1 2 3 4 5

- ☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-99
☐ 101-150
☐ 151 and over
Units

PA # NPPA032972
LIC # SP018354
DEA # MM4784030

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

003054

8E26GP0522598

0.22 Lumbar/sacral epidural
20552 Trigger point injxn 1-2

M51.36 Lumbar DDD
M54.5 Lumbago

S33.5XAS Lum
M46.1 Sacrolitis
RSD/CRPS:

Braces/Fitting:

Neck Brace

G90.519 RSD Upper Limb
G90.520 RSD Lower Limb

lumb

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

VIKTORIYA MAKAROVA, C.R.N.P.

DEA # _____ PA # NPPA032972
LIC. # SP018354 NPI # 1396251815

BERNARD STUETZ, P.A.

DEA # _____ LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128

(215) 310-8087 TEL.
(215) 940-9690 FAX

ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124

(518) 928-3087 TEL.

1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020

(215) 310-8087 TEL.

NAME Linda Strum-Copeland DOB _____

ADDRESS _____ DATE 12/31/18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

pericocel- 10/325 mg
T-tab po QID
120 one hundred & twenty
☐ LABEL
Refill NR 1 2 3 4 5
Viktoriya Makarova
☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units
PA # NPPA032972
LIC # SP018354
DEA # MM4784030

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

8E26GP0522598

000650

63650 Insert/Replace Generator
63685 Insert/Replace Generator
95970 Electric Analysis
95971 Prog Anal Simple
95972 Prog Anal Complex

63688 Removal Revision of Generator

1st level LT/RT

64510 Stellate Ganglion Block
64520 Lumbar Sympathetic Block
M96.1 Post Laminectomy Syndrome, Cervical
gabapentin, buspirone, dexamethasone

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

VIKTORIYA MAKAROVA, C.R.N.P.

DEA # _____ PA # NPPA032972
LIC. # SP018354 NPI # 1396251815

BERNARD STUETZ, P.A.

DEA # _____ LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128

(215) 310-8087 TEL.
(215) 940-9690 FAX

ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124

(518) 928-3087 TEL.

1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020

(215) 310-8087 TEL.

NAME Linda Strum-Copeland DOB _____

ADDRESS _____ DATE 12/31/18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

Ms Cortin 30 mg
T-tab po q BID
60 (single)
☐ LABEL
Refill NR 1 2 3 4 5
Viktoriya Makarova
☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units
PA # NPPA032972
LIC # SP018354
DEA # MM4784030

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

8E26GP0522598

000552

G50.0 Trigeminal neuralgia
M25.60 Limited ROM
G90.59 CRPS NOS
M41.20 Scoliosis

M71.50 Bursitis NOS
M43.6 Torticollis NOS
M79.2 Neuropathic pain

Other Diagnoses (write in) _____

4th level (units) _____

PT (write in) _____

Family 1 Pharmacy
4005 Veterans Hwy
Levittown, PA 19055

Rx# 152332, 156783

The above prescription written on 12/27/2016, 4/19/2017 for Kurt Sunderland were processed by error under Dr Neil Anand. The correct prescriber for this prescriptions is Deborah McGregor. The prescriptions were filled in error under Dr Neil Anand's name initially.

Sincerely,



Family 1 Pharmacy
215-943-2221

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.
DEA # _____ LIC. # MD446569 NPI # 1427205939
DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311
38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067 (215) 310-8087 TEL.
(215) 940-9690 FAX
ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.
ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.

NAME Kurt Sunderland DOB _____
ADDRESS _____ DATE 4-19-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxycodone 30mg

Sig: i tab po q 6 hrs prn

Disp: #120

☐ LABEL

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

003002

6L09GP0486349

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.
DEA # _____ LIC. # MD446569 NPI # 1427205939
DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311
38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067 (215) 310-8087 TEL.
(215) 940-9690 FAX
ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.
ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.

NAME Kurt Sunderland DOB _____
ADDRESS _____ DATE 4-19-17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Ambien 10mg

Sig: i tab po q 6 hrs

Disp: #30 (thirty)

☐ LABEL

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

003001

6L09GP0486349

NEIL ANAND, M.D.

DEA #

LIC # MD422681 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA #

LIC # MD446569 NPI # 1427205939

DEBORAH MCGREGOR, M.D.

DEA # 238270

LIC # MD032354E NPI # 1093833311

LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210
BRISTOL, PA 19007

(215) 310-8087 TEL
(215) 940-9690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

(215) 310-8087 TEL

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124

(518) 928-3087 TEL

NAME Kurt Sunderland DOB _____
ADDRESS Fill on 12/27/16 DATE 12/21/16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxyodone 30mg

Sig: - tab PO BID PRN

Disp #60
(sixty)

☐ LABEL

Refill NR 1-2-3-4-5

- ☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.



001024

6GGP0486349

YORKE PHARMACY
5524 NEW FALLS ROAD
LEVITTOWN, PA 19056

T 815-945-5700
F 215-946-4801

6-2-20

TO: DR NEIL ANAND

From: Yorke Pharmacy

Rx# 1371156 dated 12-24-18 for
Hydromorphone 8mg Tabs
Qty: 120 for patient
MRS. TAMARA GAGE was
incorrectly filled under
Dr. Neil Anand instead of
Dr. VICTORIYA MAKAROVA.

Digant Desai

Pharmacist

~~Re: Anand script~~

Layna Nyandoro <lnyandoro@patientdirectrx.com>
To: "iamphysintern@gmail.com" <iamphysintern@gmail.com>

Thu, Jun 4, 2020 at 11:19 AM

It appears that RX number 324412 and 324411 for patient Dawayne Williams with a date of service of 6/26/2018 were dispensed with the incorrect prescriber name of Dr. Neil Anand.

Prescriber name on the scripts should have been Viktoriya Makarova, CRNP.

Layna Nyandoro



Email lnyandoro@patientdirectrx.com
Toll Free 866.351.7455 151 | Direct Phone 866-567-1642 and Ext 403 | Fax 215-323-4106

CONFIDENTIALITY NOTICE: This message and email (including all attachments) is strictly confidential and is covered by the Electronic Communications Privacy Act (18 U.S.C., sections 2510-2521), the HIPAA Statutes and Regulations (42 U.S.C., sections 1320d et. seq.; 45 C.F.R., Parts 160-164) and other federal and state confidentiality laws. If you are not the intended recipient, any retention, dissemination, or copying of this message is strictly prohibited. If you are not the intended recipient or you received this email in error, you are directed to please reply to the sender that you have received the message in error and then delete it.

NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
DEA # _____
VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
LIC. # SP018354 NPI # 1396251815
DEA # MM4784030
BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562
DEA # _____

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL.

NAME Dwayne Williams DOB _____
ADDRESS _____ DATE 6-26-18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

oxycodone 30mg
Sig: T tab po q 4-6 hrs prn
Disp: #120
PA # NPPA032972
LIC # SP018354
DEA # MM4784030
Refill NR 1-2-3-4-5
(one hundred & Twenty)

- ☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

SUBSTITUTION PERMISSIBLE _____

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

001918

8E26GP0522598

NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
DEA # _____
VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
LIC. # SP018354 NPI # 1396251815
DEA # MM4784030
BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562
DEA # _____

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL.

NAME Dwayne Williams DOB _____
ADDRESS _____ DATE 6-26-18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

MS Contin 15mg
Sig: T tab po BID
Disp: #60 (Sixty)
PA # NPPA032972
LIC # SP018354
DEA # MM4784030
Refill NR 1-2-3-4-5

- ☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

SUBSTITUTION PERMISSIBLE _____

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

001917

8E26GP0522598

Bensalem Pharmacy
2112 Street Road
Bensalem, PA 19020

Rx# 133893, 133891

The above 2 prescriptions written on 04/19/2017 for Susan Colagero were processed by error under Dr Neil Anand. The correct prescriber for this prescriptions is Dr Deborah McGregor. The prescriptions were filled in error under Dr Neil Anand's name.

Sincerely,

A handwritten signature, possibly reading "A", is enclosed within an oval shape.

Bensalem Pharmacy
215-244-4244

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939
DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311
(215) 310-8087 TEL
(215) 940-9690 FAX

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124

(215) 310-8087 TEL

(518) 925-3087 TEL

NAME Susan Calogero DOB _____
DATE 4-19-17
ADDRESS _____

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R DO NOT FILL TILL 4-21-17

Oxycodone 15mg

Sig: 1 tabs po q 4-6 hrs prn

Dispense #120

(one hundred & twenty)

DEA # FM-2382290
XM 2382290
(215) 495-9686

☐ LABEL

Refill NB 1 2 3 4 5

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

6L09GP0486349

000217

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939
DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311
(215) 310-8087 TEL
(215) 940-9690 FAX

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124

(215) 310-8087 TEL

(518) 925-3087 TEL

NAME Susan Calogero DOB _____
DATE 4-19-17
ADDRESS _____

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R DO NOT FILL TILL 4-21-17

MS Contin 60mg

Sig: 1 tabs po q 12 hrs daily

Dispense #60 (sixty)

DEA # FM-2382290
XM 2382290
(215) 495-9686

☐ LABEL

Refill NB 1 2 3 4 5

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000212

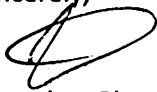
6L09GP0486349

Bensalem Pharmacy
2112 Street Road
Bensalem, PA 19020

Rx# 163864

The above prescription written on 07/10/2018 for Susan Colagero were processed by error under Dr Neil Anand. The correct prescriber for this prescriptions is MAKAROVA, VIKTORIYA. The prescriptions were filled in error under Dr Neil Anand's name initially.

Sincerely,

A handwritten signature in black ink, appearing to be a stylized 'D' or similar character.

Bensalem Pharmacy
215-244-4244

NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
LIC. # SP018354 NPI # 1396251815
BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL

NAME Susan Calogero DOB _____
ADDRESS _____ DATE 7/10/18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

oxycodone 15mg
sig: 9 tab PO Q 4-6 hrs
disp: #120 (one hundred and twenty)
☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

☐ LABEL

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

002509

8E26GP0522598

NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
LIC. # SP018354 NPI # 1396251815
BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL

NAME Susan Calogero DOB _____
ADDRESS _____ DATE 7/10/18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

MS contin 60mg
sig: 9 tab PO BID
disp: #60 (sixty)
☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

☐ LABEL

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

002510

8E26GP0522598

FACSIMILE

SENSITIVE

DATE: 5/23/20
TO: Nina FROM: Fairdale Pharmacy
FAX: 215-940-9690 PAGES: 1+1
4019 Fairdale Rd
Philadelphia, PA 19154

RE: W. Boyd

CONFIDENTIALITY NOTICE: This facsimile message is for the sole use of the intended recipient(s) and may contain sensitive and privileged information or otherwise be protected by law. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the original message.

www.FreeFaxCoverSheets.net

[illegible]

Rx has been re-submitting to software vendor to correct PDM.

Fairdale Pharmacy
4019 Fairdale Rd
Philadelphia, PA 19154

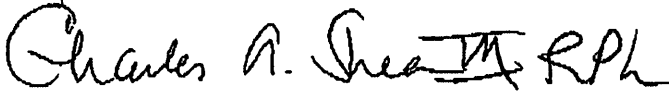
05/21/2020

To whom it may concern:

Inadvertently, at Charlie's Pharmacy in Levittown PA we had filled and reported to the PDMP two prescriptions on 09/11/2018 mistakenly under Dr. Neil Anand for RX# 61778 written for a quantity of 60 oxycontin 80mg and also RX # 61779 written for a quantity of 120 oxycodone 30mg. Both of these prescriptions were written by Dr. Viktoriya Makarova. Attached are photocopies of both prescriptions. Any questions or concerns please feel free to call us at 215-269-7000.

Thank you,

Charles Shea R.Ph.

A handwritten signature in black ink that reads "Charles A. Shea RPh". The signature is written in a cursive style with a large initial "C".

DEA #

NEIL ANAND, M.D.

LIC. # MD422681

NPI # 1982626818

DEA #

VIKTORIYA MAKAROVA, C.R.N.P.

PA # NPFA032972

LIC. # SP018354

NPI # 1396251315

DEA #

BERNARD STUETZ, P.A.

LIC. # MA0008121

NPI # 1093807561

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128

ARIA HOSPITAL WARELING
5000 FRANKFORD AVE. SUITE 2
PHILADELPHIA, PA 19124

1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020

(215) 310-8087 TEL.

(215) 940-9690 FAX

(518) 928-3087 TEL.

(215) 310-8087 TEL.

CS/

DOB: 11-04-1978 FID: 11-10 BIRTH: 0-11-10

EXPIRATION DATE: 11-10-11

BRUCY, BRUCE

1711 DUNBAR BLVD. LAUREL, PA 19047

TAKE 1 TABLET BY MOUTH TWICE DAILY

OXYCONTIN SR BONG

MADE IN U.S.A.

DL ANAND, NEIL

DL MAKAROVA, VIKTORIYA

DL STUETZ, BERNARD

PHYSICIAN

DATE: 02-11-18

NAME

Brad Brown

DOB

ADDRESS

DATE

9-11-18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

Oxycontin 80mg ER

Sig: T tab po BID

#60 (Sixty)

- ☐ 24
- ☐ 25-49
- ☐ 50-74
- ☐ 75-99
- ☐ 101-150
- ☒ 151 and over

☐ LABEL

Refill

NR 1 2 3 4 5

PA # NPFA032972
LIC # SP018354
DEA # MM4784030

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.



000824

MM4784030

8E26GP0522598

DOB: 11-04-1962 DAW: 0 ACQ: 254.51
 Rx # N61779 FIN: 09-11-10 Written: 09-11-10 PH: 564.51
 BROWN, BRUCE CS!
 1711 DURHAM RD LANGHORNE PA 19047
 TAKE 1 TABLET BY MOUTH 4 TIMES DAILY

OXYCODONE HCL 30MG TABLET Mfg: CAMBER PHA
 Dr. ANAND, NEIL City: 120
 NDC: 31722-0918-01 DS: 30 RX Orig: 1 - VISITAN
 Refills: 0 YOUR Use By: 09-11-10

NEIL ANAND, M.D.
 D.C. # MD422881 NPI # 1982228815
 VIKTORIYA MAKAROVA, C.R.N.P.
 PA # NEPA032972
 D.C. # SP018354 NPI # 1996251815
 BERNARD STUETZ, M.D.
 L.D. # MA008121 NPI # 1099897812
 ROXBOROUGH HOSPITAL MOB
 6736 RIDGE AVE., SUITE 101
 PHILADELPHIA, PA 19128 (215) 310-4087 TEL.
 (215) 940-8693 FAX
 ARIA HOSPITAL WALKING
 6000 FRANKFORD AVE., SUITE 2
 PHILADELPHIA, PA 19134 (215) 925-8057 TEL.
 1336 BRISTOL PIKE SUITE 103
 BENSALEM, PA 19020 (215) 310-8027 TEL.

NAME: Bruce Brown DOB: 11-04-1962
 ADDRESS: DATE: 11-11-18

TAMPER RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

Rx: Oxycodone 30mg
 Sig: 4 tab po QID
 # 120 (one hundred twenty)
 VIKTORIYA MAKAROVA, C.R.N.P.
 PA # NEPA032972
 D.C. # SP018354
 DEA # NM478-4030

SUBSTITUTION PERMISSIBLE
 IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED
 THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
 "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000625 8526GR0522598



**DELUXE
PHARMACY**
DEA # F00000774

8749 FRANKFORD AVE.
PHILADELPHIA, PA 19136
PH (215) 941-7689

Rx #: N236207

07-10-18

WILLIAMS, WILLIAM JR

3444 OAKMONT ST PHILADELPHIA PA 19136

TAKE 1 TABLET BY MOUTH EVERY 4-6 HOURS
AS NEEDED

OXYCODONE HCL 30 MG TABLET

Generic for ROXICODONE 100 30MG TAB

CAMBER

Qty: 120

Refills: 0

VSB

07-10-18

Dr. MAKAROVA C.R.N.P., VIKTORIYA

Plan: CASH

Refill Exp: 01-05-19

Discard After: 07-10-18

D/S: 30 E Caps: N

↑ FEED THIS DIRECTION ↑

May Make You Drowsy Or Dizzy. Do Not
Drink Alcohol With This Drug. Use Care When
Operating A Vehicle, Vessel, Or Other
Machines.

Taking More Of This Medication Than
Recommended May Cause Serious
Breathing Problems.

Do Not Take Other Medicines
Without Checking With Your
Doctor Or Pharmacist.

Controlled substance dangerous unless used
as directed. Caution: Federal law prohibits the
transfer of this drug to any person other than
the patient for whom it was prescribed.

Rx #: N236207 07-10-18 WILLIAMS, WILLIAM JR

[] I HAVE BEEN COUNSELED FOR ALL ___ RX(S)

[] I REFUSED COUNSELING [] OTHER

I HAVE RECEIVED THE HIPAA PRIVACY ACT NOTICE

Signature (X) _____

Dr. MAKAROVA C.R.N.P., VIKTORIYA

1336 BRISTOL PIKE SUITE 103

BENSALEM PA 19020

Patient: WILLIAMS, WILLIAM JR

3444 OAKMONT ST

PHILADELPHIA PA 19136

DEA #: MM4784030

Lic #:

Phone #:

DOB: 03-08-1963

Rx Written: 07-10-18

pharmacy provided verification that
Rx # N236207 was written by Viktoriya
Makarova.

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

VIKTORIYA MAKAROVA, C.R.N.P.

PA # NPPA032972

DEA # _____ LIC. # SP018354 NPI # 1396251815

BERNARD STUETZ, P.A.

DEA # _____ LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128

(215) 310-8087 TEL.
(215) 940-9690 FAX

ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124

(518) 928-3087 TEL.

1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020

(215) 310-8087 TEL.

NAME William Williams DOB _____
ADDRESS _____ DATE 7/10/18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R oxycodone 30 mg
sig: $\dot{\bar{r}}$ tab PO Q 4-6 hrs PRN
disp: #120 (one hundred twenty)
☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

☐ LABEL

Refill (NR) 1-2-3-4-5

SUBSTITUTION PERMISSIBLE _____

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

002506

8E26GP0522598

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

VIKTORIYA MAKAROVA, C.R.N.P.

PA # NPPA032972

DEA # _____ LIC. # SP018354 NPI # 1396251815

BERNARD STUETZ, P.A.

DEA # _____ LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128

(215) 310-8087 TEL.
(215) 940-9690 FAX

ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124

(518) 928-3087 TEL.

1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020

(215) 310-8087 TEL.

NAME William Williams DOB _____
ADDRESS _____ DATE 7/10/18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R oxycontin 40 mg ER
sig: $\dot{\bar{r}}$ tab PO Q BID
disp: #60 (sixty)
☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

☐ LABEL

Refill (NR) 1-2-3-4-5

SUBSTITUTION PERMISSIBLE _____

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

002505

8E26GP0522598

To Whom It May Concern,

Pursuant to a request that our office has received for records, please see the following faxed response. Should you have any additional questions or concerns, our contact information is below.

Thank you,

Walgreens Custodian of Records

Walgreen Co.

1901 East Voorhees St. MS #735, Danville, IL 61834

Telephone 217 554 8949 | Fax 217 554 8955

Member of Walgreens Boots Alliance

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that do not require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Redisclosure of this information is prohibited unless permitted by law or appropriate customer and/or patient authorization is obtained.

Unauthorized redisclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is strictly prohibited. If you have received this message in error, please notify us immediately.

To whom it may concern,

The prescription for John Oates DOB 8/17/1966 Rx # 2151379 was written on 6/20/2017, however it was incorrectly inputted in the system as written date 6/22/2017. This was an error as the correct written date was 6/20/2017. We apologize for the mix up.

Thank you.

Jessica Sheffield
Jessica A. Sheffield

~~W. J. Sheffield~~ #5522
1597 Bridge St.
Philadelphia, PA 19124

RX- 2151379

STORE- 5522

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422881 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446560 NPI # 1427205839

DEBORAH MCGREGOR, M.D.

DEA # _____ LIC. # MD032354E NPI # 1093833311

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 18067

(215) 310-8087 TEL.
(215) 940-8690 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

(215) 310-8087 TEL.

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124

(518) 928-3087 TEL.

NAME: John Dates

DOB: 8/17/66

ADDRESS: 1445 Howell St

DATE: 6-20-17.

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxycodone 30mg

Sig: 7 tabs po q 8 hrs prn
Disp: # 90 (ninety)

☐ LABEL

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

☐ 25-49
☐ 50-74
PA License #
MD 1614561
☐ 151 and over

DEA # DA3444565/
XA8444565

DEA #
FA3811660

002979

6L09GP0486349



Neil Anand <cardiacgasman@gmail.com>

Rx 767903

1 message

ameehan430@gmail.com <ameehan430@gmail.com> Tue, Feb 25, 2020 at 11:26 AM
To: cardiacgasman@gmail.com

Rx 767903 for Ms. McLaurin was originally written on 6/19/17 as per hard copy prescription. Rx was entered incorrectly when filled in 6/23/17.

CVS 460

Adam R. Meehan Pharm D.

Rx Details

Request Number : 4227176 Store Number : 460

Rx Number : 767903

Fill No : 0

Fill Date : 06/23/2017

Rx Image

NEIL K. AHAND, M.D.

DEA #

LIC # NO 422691 API # 1292626318

CHARLES D. WILLIAMS, M.D.

DEA #

LIC # NO 451007 API # 1033604421

JED SHAPIRO, M.D.

DEA #

LIC # NO 451507 API # 1275735720

AKA HOSPITAL WAKELING BLDG
5000 FRANKFORD AVENUE SUITE 2
PHILADELPHIA PA 19124

(215) 310-8047 TEL

ROXBOROUGH HOSPITAL MEDICAL OFFICE BLDG
6300 R DGE AVENUE SUITE 107
PHILADELPHIA PA 19128

(215) 940-0770 FAX

LOWER BUCKS HOSPITAL
501 BATH ROAD SUITE 210
DR STOK PA 19007

NAME Aliya McLaurin

DOB 9-16-79

ADDRESS

DATE 6-19-17

TAMPER RESISTANT FEATURES INCLUDE SAFETY-BLUE
ERASE RESISTANT BACKGROUND "ILLEGAL" PANTOGRAPH
QUANTITY CHECK-OFF BOXES AND REFILL INDICATOR

Rx Do not fill till 6-23-17

Oxycodone 30mg

Sig: 7 tabs po q 4-6 hrs prn

Disp: #120 (one hundred

\$ Twenty)

LABEL

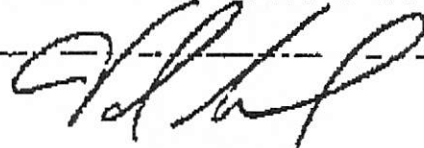
Re: NR 1 2 3 4 5

DEA # 1292626318
XAL444555

DEA #
FAX 311030

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.



4HGP0486349

Justin
Borden

John R. ...

24th Nov.

typed as 6-23-17 when dated

on 6-23-17. It was incorrectly

Prescription was written on 6-21-17 and dropped off to us

STANDARD

NOIRPHINE SURF 68 68 NO THLEIT
CROYDON, PA 190216000
STEARN, LISA
607 NESHAWIN RD
(267) 901-9555 08/13/199.

RHODES PHARMACE
60 0
THLEIT 0
42658-0803-01
TAKE 1 TABLET BY MOUTH
EVERY 12 HOURS

PRESCH: NEIL KAMAL RANDAN
8000 FRANKFORD AVE STE 2
PHILADELPHIA, PA 191242620
(216) 319-8887
DEALING: B8B8444565/WD04222681
DATE: 08/23/2017 17:11:11 STA

ADDITIC
LUDWIG, JED
173301 * gpx
OFF BOXES (optional in some states)
UNIQUE TRACKING IDENTIFICATION NUMBER (PL)
THERMOCHROMIC APPROVED STATE SEAL (WA)

SE
RE
TL
SA
STA
AR
MCROPRINT

[illegible]

Request Number : 4227176 Store Number : 2880

Rx Number : 1035421

Fill No : 0

Fill Date : 06/23/2017

Rx Image

DEA #

NEIL ANAND, M.D.

LIC # MD422081 API # 1322026815

DEA #

SONIA ANAND-NICHOLS, M.D.

LIC # MD446569 NPI # 1427205933

DEA #

DEBORAH MCGREGOR, M.D.

LIC # MD002354E NPI # 1093833311
(215) 310-8087 TEL
(215) 940-9630 FAX

38 EAST BRIDGE STREET, SUITE 102
MORRISVILLE, PA 19067

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124

(215) 310-8087 TEL

(518) 928-3087 TEL

NAME Lisa Stearn

ADDRESS 607 Neshaminy Rd

DOB 8/13/86

DATE 6/21/17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Do not fill until 6/23/17
MS Contin 60 mg.
Sig: 1 tab po q 12 hrs
Disp: # 60 (sixty)

☐ LABEL

Retail (NP) 1-2-3-4-5

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

DEA #
X

FA # 011007

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

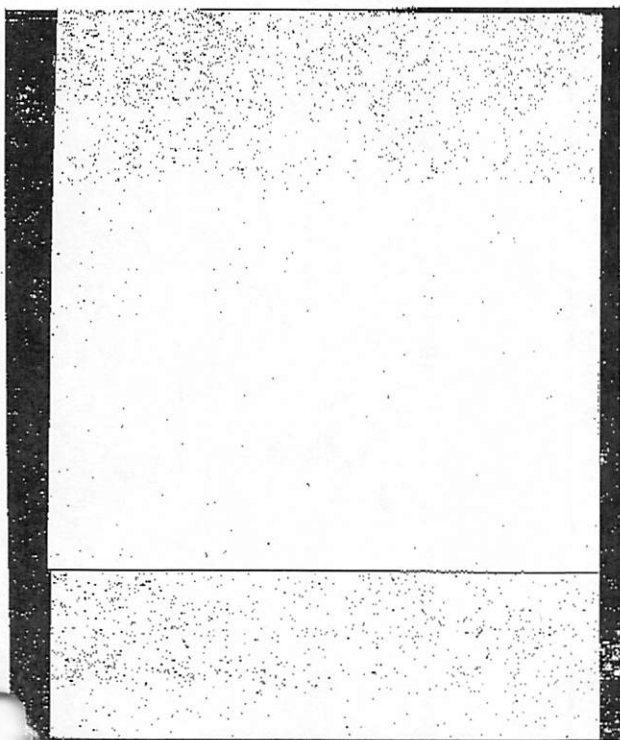
002825

[Signature]

6L09GP0486349

215-940-7690

RXNBR: 677297
PATIENT: SMITH, LONNIE W.
DOCTOR: ANAND MD, NEIL K.
DRUG: oxyCODONE HCL 20 MG TABS
SCANNED: 06-23-2017



Rx original date: 6/19/17.

Rx Rpt date: 6/23/17.

Statement confirmed by
Kausar Rahman (RPh).

Coming from Pharmacy of
Amroha - 5872 Oxford Ave
Philadelphia, PA 19049.

215-613-7900 (TU)
Fax: 215-613-6985

RXNBR: 677297
PATIENT: SMITH, LONNIE W.
DOCTOR: ANAND MD, NEIL K.
DRUG: OXYCODONE HCL 20
SCANNED: 06-23-2017

NEIL ANAND, M.D.
LIC # 61042081 NPI # 1000029419
SONIA ANAND-NICHOLE, M.D.
LIC # 61041080 NPI # 1027010214
DEBORAH MCNEED, M.D.
LIC # 610021041 NPI # 1000000011
LOWYER BUCKS HOSPITAL
200 BATH ROAD, SUITE 310
BRISTOL, PA 19007
PENN HOSPITAL HOSPITAL MCG
3701 RODE AVENUE, SUITE 101
PHILADELPHIA, PA 19104
KRA HOSPITAL WARELING BUILDING
3001 MARKET AVENUE, SUITE 2
PHILADELPHIA, PA 19124
(215) 215-1000 TEL
(215) 215-1000 FAX
(215) 215-1000 TEL
(215) 215-1000 TEL

NAME Lonnie Smith
ADDRESS _____

DOB 1/11/69
DATE 6/19/17

TABLET RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Do not fill until 5/24/17

Oxycodone 20 mg.

Sig: 1 tab po q 6hrs

Disp: #120

(one hundred twenty)

ANAND M.D.
LIC # 61042081
PA # 0000000000
ID # 0000000000
ID # 0000000000

DEA # 1000000000
XAB0000000

DEA #
FR0011650

☐ LABEL

REAL (NPI) _____

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

0 000000

600000000000



3/16/2020

Please note the date written on the prescriptions submitted to the Pennsylvania PMP for the below patient.

Sabrina Clark-RX 286491 and 286492. Date written should be 11/14/2017.

Eric Borell

A handwritten signature in black ink, appearing to be "Eric Borell".

Patient Direct RX

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.
DEA # _____ LIC. # MD446589 NPI # 1427205939
RISHI D. ANAND, M.D.
DEA # _____ LIC. # MD442471 NPI # 1457599300

36 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124

(215) 310-8087 TEL.

(518) 928-3087 TEL.

NAME Sabrina Clark DOB _____
ADDRESS _____ DATE 11/14/17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxycodone 15mg
Sig: 1 tab po q 4h
Durp# 90
(ninety)
PA LIC # 5574
MD 422681
DEA # BA8444565
XA8444565
DEA # FA3811660

☐ LABEL

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

001654

7G01AP048634

Patient Receipt:
Patient Direct Rx
159 Gibraltar Road/Horsesham PA 19044
Provider: ANAND, NEIL (B) MD
DEA License # PP422681
Patient: SABRINA CLARK
0257 CHARLES ST/PHILA PA 19135-3401
Rx: 288491 Date: Nov 16, 2017
OXYCODONE IR 90 x 15MG TAB
NDC: 10702-0008-01 Manu NDC: 10702-0008-01
Take 1 tablet by mouth 3 times per day
No Refills Payment: \$0.00

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.
DEA # _____ LIC. # MD446589 NPI # 1427205939
RISHI D. ANAND, M.D.
DEA # _____ LIC. # MD442471 NPI # 1457599300

1338 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124

(215) 310-8087 TEL.

(518) 928-3087 TEL.

NAME Sabrina Clark DOB _____
ADDRESS _____ DATE 11/14/17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Oxycodone ER 20
Sig: 1 tab po q 4h
Durp# 60
(sixty)
PA LIC # 5574
MD 422681
DEA # BA8444565
XA8444565
DEA # FA3811660

☐ LABEL

Refill NR 1 2 3 4 5

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

001652

7G01AP048634

Patient Receipt:
Patient Direct Rx
159 Gibraltar Road/Horsesham PA 19044
Provider: ANAND, NEIL (B) MD
DEA License # PP422681
Patient: SABRINA CLARK
0257 CHARLES ST/PHILA PA 19135-3401
Rx: 288492 Date: Nov 16, 2017
OXYCONTIN 60 x 20MG TAB
NDC: 59011-0420-10 Manu NDC: 59011-0420-10
TAKE 1 TABLET BY MOUTH TWICE
DAILY
No Refills Payment: \$0.00



3/16/2020

Please note the date written on the prescription submitted to the Pennsylvania PMP for the below patient.

Dawayne Williams-Rx 286730. Date written should be 11/14/2017.

Eric Borell

A handwritten signature in black ink, appearing to read 'Eric Borell', written over the printed name.

Patient Direct RX

DW
11/4

The Medicine Center
2209 Macdade Boulevard
Holmes, PA 19043
Tel: 610-461-4123
Fax: 610-461-0796

[illegible]

9/22/1

SPG + B/L TG

UDS

VAS
canister

10/20/17

NEIL ANAND, M.D.
LIC. # MD422581 NPI # 105620918
SONIA ANAND-NICHOLS, M.D.
LIC. # MD445569 NPI # 1427205939
RISHI D. ANAND, M.D.
LIC. # MD442471 NPI # 1457599300
1336 BRISTOL PIKE, SUITE 100
BENSALEM, PA 19020
(215) 310-8087 TEL
(215) 940-9690 FAX
ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19126
(215) 310-8087 TEL
ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124
(518) 928-3087 TEL

NAME Bruce Gardner DOB _____
ADDRESS _____ DATE 11/14/17
TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT
Don't fill until 11/17/17
B Ms Contin 6ony
Sig - 1 tab po BID
Dusp # 60
(sinty)
☐ LABEL
Refill (NR) 1 2 3 4 5

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

003186

7G01GP0486349

NEIL ANAND, M.D.
LIC. # MD422581 NPI # 105620918
SONIA ANAND-NICHOLS, M.D.
LIC. # MD445569 NPI # 1427205939
RISHI D. ANAND, M.D.
LIC. # MD442471 NPI # 1457599300
1336 BRISTOL PIKE, SUITE 100
BENSALEM, PA 19020
(215) 310-8087 TEL
(215) 940-9690 FAX
ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19126
(215) 310-8087 TEL
ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124
(518) 928-3087 TEL

NAME Bruce Gardner DOB _____
ADDRESS _____ DATE 11/14/17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT
Don't fill until 11/17/17
B oxycodone 3ony
Sig - 1 tab po QID
Dusp # 120
Cone hundred
(fifteen)

☐ LABEL
Refill (NR) 1 2 3 4 5

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

003185

7G01GP0486349

DEA # _____
DEA # _____
DEA # _____
1336 BRISTOL PIKE
BENSALEM, PA 19020
ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE
PHILADELPHIA, PA 19126
ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE
PHILADELPHIA, PA 19124
NAME _____
ADDRESS _____
TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

B

SI
IN
TH
OF



3/16/2020

Please note the date written on the prescription submitted to the Pennsylvania PMP for the below patient.

Ray Woods- Rx 286747. Date written should be 11/14/2017.

Eric Borell

A handwritten signature in black ink, appearing to be 'Eric Borell', written over a horizontal line.

Patient Direct RX

NEIL ANAND, M.D.

DEA # _____ LIC. # MD422681 NPI # 1982626818

SONIA ANAND-NICHOLS, M.D.

DEA # _____ LIC. # MD446569 NPI # 1427205939

RUSH D. ANAND, M.D.

DEA # _____ LIC. # MD442471 NPI # 1457569300

1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-6087 TEL
(215) 940-8890 FAX

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128 (215) 310-6087 TEL

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL

NAME Ray Woods DOB 8-15-69

ADDRESS _____ DATE 11/14/17

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Don't fill until 11/17/17

Oxycodone 30mg
Rx - 7 tabs po q TID
Disp # 90 (ninety)

☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151-200
☐ 201-250
☐ 251-300
☐ 301-350
☐ 351-400
☐ 401-450
☐ 451-500
☐ 501-550
☐ 551-600
☐ 601-650
☐ 651-700
☐ 701-750
☐ 751-800
☐ 801-850
☐ 851-900
☐ 901-950
☐ 951-1000

☐ LABEL

Refill NR 1-2-3-4-5

DEA # B48444565/
X48444565

SUBSTITUTION PERMISSIBLE

DEA #

IN ORDER FOR A BRAND NAME PRODUCT TO BE ~~REPLACED~~ USED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

003180

7G01GP04

Patient Receipt:
Patient Direct Rx
159 Gibraltar Road/Horsham PA 19044
Provider: ANAND, NEIL (B) MD
DEA License #: FF4225113
Patient: RAY WOODS
5052 DOVER ST/PHILADELPHIA PA 19136
NPI#: (215) 760-5183
Rx: 286747 Date: Nov 17, 2017
OXYCODONE IR 90 x 30MG TAB
NDC: 10702-0009-01 Manu NDC: 10702-
0009-01
Take 1 tablet by mouth 3 times per day
No Refills Payment: \$0.00

↑ strength

Duo

Rx Details

Request Number : 4256144 Store Number : 1122

Rx Number : 495446

Fill No : 0

Fill Date : 07/01/2016

Rx Image

DEA #

PAUL S. SOCCIO, M.D.

LIC # VD-51167 API # 1629170329

DEA #

NEIL K. ANAND, M.D.

LIC # MD-422631 API # 1692626878

DEA #

RISHI D. ANAND, M.D.

LIC # MD-42471 API # 1457593300

81 BIG OAK ROAD, SUITE 101
MORRISVILLE, PA 19067LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210
BRISTOL, PA 19007

(215) 310-8067 TEL

ROXBOROUGH HOSPITAL MEDICAL OFFICE BLDG.
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

(215) 940-9000 FAX

NAME

Patricia Burns

DOB

ADDRESS

DATE

6/27/16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

Percocet 5/325

Sig: 1 tabs po q 4-6 hrs prn

Dispense # 90

(ninety)

PAUL S. SOCCIO, M.D.
LIC # VD-51167
DEA # BF-379-100-1XAB-17103-150
DEA # 151 and over
FA3811600☐ LABEL

Refill NR 2 3 4 5

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

002502

6BGP0486349

05/22/2020

To whom it may concern,

RX # 119235 filled 12/17/18 for Denise Peacock for morphine er 30mg was incorrectly placed under Dr. Neil Anand. It is now fixed and is placed under prescriber Viktoriya Makarova DEA MM4784039.

Thank you

Katherine Taing
Care Trust Pharmacy

Cell # (215) 913-3326
Work #
Email
Social Security # 184-60-6722

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
DEA # _____ LIC. # SP018354 NPI # 1396251815
BERNARD STUETZ, P.A.
DEA # _____ LIC. # MA000812-L NPI # 1093807562
ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL.

NAME Denise peacock DOB _____
ADDRESS _____ DATE 12/17/18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Do not fill until 12/18/18

Ms contin 30 mg
T-lab po qd BID
60 (sixty) ☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over Units

☐ LABEL ☒ Refill NR 1 2 3 4 5
NPPA032972
LIC # SP018354
MM14784030

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000295

8J25GP0522598

Emerg Cont Relation
Resp Party Name
Resp Party DOB
Resp Party Relation
Resp Party Phone

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
VIKTORIYA MAKAROVA, C.R.N.P.
PA # NPPA032972
DEA # _____ LIC. # SP018354 NPI # 1396251815
BERNARD STUETZ, P.A.
DEA # _____ LIC. # MA000812-L NPI # 1093807562
ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVE., SUITE 101
PHILADELPHIA, PA 19128 (215) 310-8087 TEL.
(215) 940-9690 FAX
ARIA HOSPITAL WAKELING
5000 FRANKFORD AVE., SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.
1336 BRISTOL PIKE, SUITE 103
BENSALEM, PA 19020 (215) 310-8087 TEL.

NAME Denise peacock DOB _____
ADDRESS _____ DATE 12/17/18

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R Do not fill until 12/18/18

Oxycodone 15 mg
T-lab po QID
120 (one hundred twenty) ☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over Units

☐ LABEL ☒ Refill NR 1 2 3 4 5
NPPA032972
LIC # SP018354
MM14784030

SUBSTITUTION PERMISSIBLE
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000296

8J25GP0522598

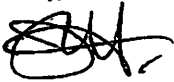
Bensalem Pharmacy
2112 Street Road
Bensalem, PA 19020

Re: Rx# 188332

To whom it may concern,

Rx# 188332 filled on July 9th, 2019 for Susan Calogero was written on July 3rd, 2019 and not on July 3rd, 2018. The correct written date for this prescription is July 3rd, 2019.

Sincerely,

A handwritten signature in black ink, appearing to be a stylized 'S' or 'C' followed by a horizontal line.

Bensalem Pharmacy
(215) 244-4244

DEA # _____ NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
DEA # _____ SONIA ANAND-NICHOLS, M.D.
LIC. # MD446569 NPI # 1427205939
DEA # _____ RISHI D. ANAND, M.D.
LIC. # MD442471 NPI # 1457599300
DEA # _____ BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

(215) 310-8087 TEL.
(215) 940-9690 FAX

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124

(267) 888-1561 TEL.

3554 HULMEVILLE ROAD, SUITE 101
BENSALEM, PA 19020

NAME Susan Calogera DOB _____
ADDRESS _____ DATE 07/3/19

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

*Amitriptyline 25 mg
1 tab Po qhs
#30 (Thirty)*

- ☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

PA License #
MD 422681

☐ LABEL

Refill NR 1 2 3 4 5

DEA # BA8444565/
XA8444565

SUBSTITUTION PERMISSIBLE _____

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

001736

9C09GP0486349

DEA # _____ NEIL ANAND, M.D.
LIC. # MD422681 NPI # 1982626818
DEA # _____ SONIA ANAND-NICHOLS, M.D.
LIC. # MD446569 NPI # 1427205939
DEA # _____ RISHI D. ANAND, M.D.
LIC. # MD442471 NPI # 1457599300
DEA # _____ BERNARD STUETZ, P.A.
LIC. # MA000812-L NPI # 1093807562

ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101
PHILADELPHIA, PA 19128

(215) 310-8087 TEL.
(215) 940-9690 FAX

ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124

(267) 888-1561 TEL.

3554 HULMEVILLE ROAD, SUITE 101
BENSALEM, PA 19020

NAME Susan Calogera DOB _____
ADDRESS _____ DATE 07/3/19

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

*Do not fill until 07/9/19
Oxycodone 15 mg
1 tab Po QID
#120 (one hundred
& twenty)*

- ☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

☐ LABEL

Refill NR 1 2 3 4 5

DEA # BA8444565/
XA8444565

SUBSTITUTION PERMISSIBLE _____

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

001722

9C09GP0486349

NEIL ANAND, M.D.
DEA # _____ LIC. # MD422681 NPI # 1982626818
SONIA ANAND-NICHOLS, M.D.
DEA # FA3403514 LIC. # MD446569 NPI # 1427205939
DEBORAH MCGREGOR, M.D.
DEA # _____ LIC. # MD032354E NPI # 1093833311
LOWER BUCKS HOSPITAL
501 BATH ROAD, SUITE 210, (215) 310-8087 TEL.
BRISTOL, PA 19007 (215) 940-9690 FAX
ROXBOROUGH HOSPITAL MOB
5735 RIDGE AVENUE, SUITE 101 (215) 310-8087 TEL.
PHILADELPHIA, PA 19128
ARIA HOSPITAL WAKELING BUILDING
5000 FRANKFORD AVENUE, SUITE 2
PHILADELPHIA, PA 19124 (518) 928-3087 TEL.

NAME Michael Daniels DOB 5/6/75
ADDRESS _____ DATE 9/12/16

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

B Oxycodone 30mg
1 tab po q6° pm
pain

120 (one hundred)
twenty

☐ LABEL

Refill NR 1 2 3 4 5

MD
Veroffice
NSUR
☐ 1-24
☐ 25-49
☐ 50-74
☐ 75-100
☐ 101-150
☐ 151 and over
Units

SUBSTITUTION PERMISSIBLE

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED,
THE PRESCRIBER MUST HANDWRITE "BRAND NECESSARY"
OR "BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

000663

6GGP0486349

Rx#:203309N RN#0 9/12/2016 Rph:DN (EXPRESS)
DANIELS, MICHAEL 2048 MEDARY AVE Philadelphia PA 19138
#120 OXYCODONE HYDROCHLORIDE TABS;SUBG265-05 ALVOGEN,1
Dr. Anand-Nichols, Sonia DEA# FA3903514 Refills:0
Copey: \$25.00 Ins.Paid: -\$25.00 Auth#: 513T3CR

- Rx # 2033.09 N is under
correct provider DEA # Sonia Anand Nichols
correctly entered by pharmacy
- PA PDMP provided by government
is under incorrect DEA#

Neil Anand, M.D.
Institute of Advanced Medicine and Surgery
3554 Hulmeville Road, Suite 101
Bensalem, PA 19020
Phone: (215)310-8087 Fax: (215)940-9690

February 11, 2020

RiteAid
P.O. Box 3165
Harrisburg, PA 17105
Attn: Brooke Catalano

717 - 761 - 2633

ext 5314

Exit 5220

Rich. Senior

Brandon McHaffey

Amanda

Healthier - 717-731-6552

RE: Toni Broadwater
DOB: 03/02/1969

Dear Ms. Catalano,

Please see the attached scripts for patient Toni Broadwater. Rx# 189200 was written on 3/20/17 and filled on 3/21/17. Rx# 189201 was written on 3/20/17 and filled on 3/29/17. Both scripts were written by Dr. Deborah McGregor and filled at a pharmacy at 8500 Henry Ave in Philadelphia but was shut down. Unfortunately, the scripts were processed by that pharmacy under Dr. Neil Anand's DEA number and not Dr. Deborah McGregor's DEA number. If you could be so kind to type up a letter stating that it was an error on the pharmacy and the scripts should have been processed under Dr. McGregor's DEA number, I would greatly appreciate it. If you have any questions or concerns, please feel free to call me.

Sincerely,



Chelsea Torres

Assistant Office Manager
Institute of Advanced Medicine and Surgery

6LQ9GP0486349

001114

6L09GP0488343

005272

PATIENT NAME in Qlarant	Neil's Drchr Pat	Rishi's DrChr Pat	PDMP recd	Pharmacy recd	Script written by
Jonathan Lavezzi	No	No	No	No	Pavan Anand - have copy of script
Nam Sung	No	No	No	No	PER CVS no Script
Laura Novello	No	Yes	No	No	Rishi patient
Richard Schnure	No	No	No	No	per Qlarant pat. Got diclofenac sodium and lidocaine from IAM pharmacy. But there is no such pat in IAM
Marie Aliberto	No	Yes	No	No	Rishi patient
Robert Jones	No	No	No	No	Script written by Neil Shah. Have copy
Anthony Riccardi	No	Yes	No	No	Rishi patient
Jack Manners	No	No	No	No	script written by Sanjeev Anand - have pharmacy ltr
Merle McGarvey	No	No	No	No	Per Giant Pharmacy Pharmacist Laura script written by another provider. Phone # 8149489732
Carl Kasperitis	No	Yes	No	No	Rishi patient
Una Bauso	No	Yes	No	No	Rishi patient
Amina Begum	No	Yes	No	No	Rishi patient
Luma Fuentes	No	Yes	No	No	Rishi patient
Josephine Costanzo	No	Yes	No	No	Rishi patient
Frank Larosa	No	Yes	No	No	Rishi patient
Jane Pone	No	Yes	No	No	Rishi patient
Carol Azoff	No	Yes	No	No	Rishi patient
Margaret McSherry	No	Yes	No	Yes	Rishi patient
Carmen Carballo	No	YES	No	No	Rishi patient
Margaret Santiago	No	No	No	No	PCP Zubair Faraoqui 8132522770 Florida. Prior PCP Dedicated senior Medical 8135791769. Per Juliet pat. was in florida hospital on may 12, 2019 for high blood pressure. She was seen in their office on May 16. margaret's Ph # 8137340259
Quiroz Griselda	No	No			voided in Bucks County Pain and Perioperative
Institute of Advanced Medicine and Surgery					
Joseph Weisenberger	No	Yes			Rishi patient
Lola Afflack	No	Yes			Rishi patient
Sheik Iqbal	No	Yes			Rishi patient
Jenny Danemark	No	Yes			Rishi patient
Norman Hendler	No	Yes			Rishi patient
Richard Schnure	No	No			per Qlarant pat. Got diclofenac sodium and lidocaine from IAM pharmacy. But there is no such pat in IAM
Alda Fox	No	Yes			Rishi patient
Margaret McSherry	No	Yes			Rishi patient
Carol Petzaccio	No	Yes			Rishi patient
Ronald Nay	No	Yes			Rishi patient
Nellie Wilson	No	Yes			Rishi patient
Bucks county					
Richard Fysz	No	Yes			Rishi patient
Elizabeth Tomaszewski	No	Yes			Rishi patient
Mary McNulty	No	Yes			Rishi patient
Leonard Jankowski	No	Yes			Rishi patient
David Gillman	No	Yes			Rishi patient
Out of Area Patients					
Smith Colissia	Phila. Address				
Josefa Dougal	LOP				
Margaret Santiago					PCP Zubair Faraoqui 8132522770 Florida. Prior PCP Dedicated senior Medical 8135791769. Per Juliet pat. was in florida hospital on may 12, 2019 for high blood pressure. She was seen in their office on May 16. margaret's Ph # 8137340259
Minho Lee	NY				

PATIENT NAME in Qlarant	Neil's Drchr Pat	Rishi's DrChr Pat	PDMP recd	Pharmacy recd	Script written by
kelly berenger	yardley				
Jonathan Iavezzi	script written by pavan Anand				
Juanita Cook	NJ				
Richard Mauro	Croydon PA				
Leota Mehra	NY				
NJ Patients					
Freda Joseph					
Una Basu	Rishi patient				
Nichole Matthews	cinnaminson NJ				
Lori Allen	Lampro				
Matthew Adams	Lampro				
lisa shandoria johnson	phila				
andrea brown	bristol pa				
lisanne casalinuovo	Lampro				
george johnson	neil pat. NJ				
Dorso RG	Lampro				
ann bidwell	neil pat. NJ				
barbara soesbee					
michael settar					
robert grivner	neil pat. NJ				
joseph hoffman III					
Joyce wood	last DOS 10/30/2014				
Karen Paulus	Lampro				
Pete Fecca	Kaplan				
Gary Aurelien	neil pat. NJ				

Institute Of Advanced Medicine and Surgery
Neil Anand MD
3554 Hulmeville Rd. Suite 101
Bensalem, Pa 19020
Ph: 2153108087 Fax 215-940-9690

CVS: Prescription Records

Ph: 8002872414 Opt 3,5

Fax#: 401-765-9304

Re: Nam, Sung B

DOB: 9/12/1945

This is to confirm if the script for omeprazole 20 mg for Sung Nam filled on 11/30/2018 and 12/31/2018 and 1/29/2019 at CVS store number 01312 on 1111 N 9th St Stroudsburg, PA, 18360 written by Dr. Neil Anand. If this information is incorrect please provide confirmation that Dr. Neil Anand did not write the script and that it was written by another physician.

Thanks

Maria Costanzo – Office Manager

 — (prescribing Dr's signature)
MD422681



Prescription Records Service Center
One CVS Drive
Woonsocket, RI 02895
Mail Code B120

**Private and Confidential
Intended for Addressee Only**

4885957
INSTITUTE FOR ADVANCED MEDICINE AND SURGERY
NEIL ANAND, MD
3554 HULMEVILLE RD, STE 101
BENSALEM PA 19020

08/22/2022

Re :
NAM, SUNG B

In response to your request, a thorough search of our files and databases was completed with the information provided and **no such records were located.**

If you have questions regarding this report you may contact the Prescription Records Service Center at 1-800-287-2414 or email us at PrescriptionRecordSvcCenter@CVSCaremark.com.

Sincerely,
CVS/pharmacy Prescription Records Service Center

RXNBR: 654040
PATIENT: LAVEZZI, JONATHAN
DOCTOR: ANAND, PAVAN KUMAR
DRUG: DEXA/DIPH/NYSTATTIN MOUTHWSH
SCANNED: 07-14-2016

TEL (202) 435-1999
FAX (202) 435-1697

NIMA

National Internal Medicine Associates
Pavan K. Anand, M.D.

Patient Name

Address

B
NYSTATTIN
DEXA/DIPH
Germany

Magic Mouthwash
24 Hour
4 Spat. 4 Day

REFILL _____ TIMES

LIC. #MP 671336

DEA #A4301837

FAX

Company: JOHN'S PHARMACY

TO:

Name: NINA

Fax Number: 215-940-9690

Date: 08/19/2022

of Pages: 2
(including cover sheet)

FROM:

Name: MARC C MESADIEU

Contact Number: 239-221-7233

Subject: ORDER FROM 07/15/2016

☒ Urgent

☐ Please Reply

Message:

Aug 18 22 01:04p

Just Here Pharmacy

2152283473

p.1

3800 N. BROAD STREET, PHILADELPHIA, PA 19140

Phone: (215) 228-3470

Fax: (215) 228-3473

ELECTRONIC RX: ('NEW')

Msg Id: 82818018997472315

Date: 05/20/2018

Sent Time: 13:59

Patient: JONES, ROBERT

DOB: 06/26/1951 Gender: M

Address: 1717 W HUNTING PARK

Prescriber: SHAH, NEIL (M.D.)

Phone: 215-782-2888

NPI: 1760975536

SPI: 2388788965002

DEA:

Address: 219 North Broad Street, Philadelphia, PA 19107

Prescriber: GOLDMAN, JESSE (M.D.)

Rx date: 05/20/2018

Drug: Clonidine HCl - 0.2 MG/24HR Transdermal Patch

Qty: 4

Refills: 1

Day supply: 28

Sig: APPLY 1 PATCH WEEKLY AS DIRECTED.

DAW: The prescriptions will be filled generically unless the prescriber writes "DAW" in the

☐

Notes:

DAW: The prescriptions will be filled generically unless the prescriber writes "DAW" in the box

PRESCRIPTION ELECTRONICALLY SIGNED BY
SHAH, NEIL (M.D.)

RX #6762485

Christopher Kovalyak <ckovalyak@carecapitalmanagement.com>
To: "cardiacgasman@gmail.com" <cardiacgasman@gmail.com>

Fri, Aug 26, 2022 at 2:32 PM

To whom it may concern:

RX #6762485 on 08/17/2015 for patient JM for Lactulose syrup, should have been filled under Dr. Sanjeev Anand NOT Dr Neil Anand. This prescription was filled at the DuBois Medicine Shoppe.

This email transmission and any attachments may contain confidential or legally privileged information that is intended only for the individual or entity named in the Email address. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or reliance upon the contents of the Email is strictly prohibited, may violate federal law and incur serious penalties, including imprisonment. If you have received this Email transmission in error, please reply to sender so that arrangements can be made for proper delivery, and then please delete the message from your inbox.

Fwd: RX 6762485*Patient Jack Manners*

Neil Anand <cardiacgasman@gmail.com>

Fri 8/26/2022 3:44 PM

To: Nina Anand <ninaanand@hotmail.com>

----- Forwarded message -----

From: **Christopher Kovalyak** <ckovalyak@carecapitalmanagement.com>

Date: Fri, Aug 26, 2022 at 2:32 PM

Subject: RX 6762485

To: cardiacgasman@gmail.com <cardiacgasman@gmail.com>

To whom it may concern:

RX #6762485 on 08/17/2015 for patient JM for Lactulose syrup, should have been filled under Dr. Sanjeev Anand NOT Dr Neil Anand. This prescription was filled at the DuBois Medicine Shoppe. This email transmission and any attachments may contain confidential or legally privileged information that is intended only for the individual or entity named in the Email address. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or reliance upon the contents of the Email is strictly prohibited, may violate federal law and incur serious penalties, including imprisonment. If you have received this Email transmission in error, please reply to sender so that arrangements can be made for proper delivery, and then please delete the message from your inbox.



Neil Anand <cardiacgasman@gmail.com>

rx# 6762485

Christopher Kovalyak <ckovalyak@carecapitalmanagement.com>
To: "cardiacgasman@gmail.com" <cardiacgasman@gmail.com>

Fri, Aug 19, 2022 at 3:06 PM

to whom it may concern:

Rx 6762485 was incorrectly filled under Dr. Neil Anand. It appears the correct prescriber should have been Dr Sanjeev Anand. The fill date was 08/17/2015 and the patients birthdate was 12/04/1938 and his initials were JM.

sincerely,

Chris Kovalyak

This email transmission and any attachments may contain confidential or legally privileged information that is intended only for the individual or entity named in the Email address. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or reliance upon the contents of the Email is strictly prohibited, may violate federal law and incur serious penalties, including imprisonment. If you have received this Email transmission in error, please reply to sender so that arrangements can be made for proper delivery, and then please delete the message from your inbox.