# Memorandum

**To:** Kelly Thomas

From: Jackie Wilson, Oklahoma County Treasurer's Office

**Re:** Employee Benefits (CVS)

Employee Benefit checks to be considered for approval at the Commissioners meeting on August 15th, 2022 are as follow:

INVOICE#53508116

July 16, 2022 through July 31, 2022

Oklahoma County Prescription Claims \$410,972.59

#### TOTAL CLAIMS \$ 410,972.59

APPROVED on \_\_\_\_\_, 2022 By the Board of County Commissioners

1

ATTEST:

Oklahoma County Clerk

### CVS/caremark<sup>®</sup>

#### INVOICE

**OKLAHOMA COUNTY** 320 ROBERT S KERR ROOM 220 OKLAHOMA CITY, OK 73102

Invoice Number: 53508116 Customer Code: 0569 Invoice Date: August 01, 2022

Attention: JON WILKERSON Voice: 405-713-1535

For the Period: July 16, 2022 through July 31, 2022

DESCRIPTION G	UANTITY	A DE	ITEN	I COST	COP	AY	TOTAL AMOUNT
RETAIL	1,695		\$30	06,791.90	(\$31,8	327.09)	\$274,964.81
MANUAL PAPER	18			\$306.10	(\$	\$87.01)	\$219.09
ADMINISTRATIVE FEE							
RETAIL	1,695		X	\$0.12	=		\$203.40
MANUAL PAPER	18		X	\$1.62	=		\$29.16
SUBTOTAL	1,713						\$232.56
MAIL	55		\$	 34,864.36	(\$1,6	627.71)	\$33,236.65
MAIL ADMIN FEE	55		÷ X	\$0.12	=	1.11	\$6.60
SPECIALTY							
PHARMACY	17		\$14	46,754.34	(\$7	775.00)	\$145,979.34
ADMINISTRATIVE FEE PHARMACY	17		x	\$0.12	=		\$2.04
MISCELLANEOUS							
NETWORK GUARANTEE 2021 MAIL GUARANTEE							(\$21,447.70)
NETWORK GUARANTEE							(\$11,622.87)
2021 SPECIALTY OED							
NETWORK GUARANTEE 2021 RETAIL GUARANTE							(\$12,169.63)
DRUG SAVINGS REVIEW-PMF	M 3 030		x	\$0.30	=		\$911.70
For: 06/2022	W 5,055		· · ·	ψ0.50	_		\$911.70
INVOICE Total			ider of a state of a s			T CAR	\$410,972.59

PAYMENT DUE ON 08/07/2022 CVS/caremark BANK OF AMERICA ABA NUMBER - 121000358 ACCOUNT NUMBER - 1233009797 PLEASE INDICATE CUSTOMER CODE ON PAYMENT. IF THIS INVOICE IS A NET CREDIT, PLEASE CONTACT YOUR CREDIT REP:

IF YOU HAVE ANY QUESTIONS PLEASE CALL Roger Cuenca AT 480-402-1458. Rogelio.Cuenca@caremark.com

Please note - For security purposes, no changes should be made to your company's payment procedures without direct confirmation from CVS Caremark. To the extent required, you agree to fully and accurately disclose and report any discount received from us, whether reflected in the above charges or otherwise provided to you, as a discount against the price of the drugs in any reporting to government health care programs.

## CVS/caremark<sup>®</sup>

INVOICE CONT.

OKLAHOMA COUNTY 320 ROBERT S KERR ROOM 220 OKLAHOMA CITY, OK 73102

Invoice Number: 53508116 Customer Code: 0569 Invoice Date: August 01, 2022

DESCRIPTION	QUANTITY	ITEM CO	ST CO	PAY TOTAL	1. S. S.
PRIOR AUTH For: 06/2022	33	x \$20	0.00 =	Wat 1	\$660.00

PAYMENT DUE ON 08/07/2022 CVS/caremark BANK OF AMERICA ABA NUMBER - 121000358 ACCOUNT NUMBER - 1233009797 PLEASE INDICATE CUSTOMER CODE ON PAYMENT. IF THIS INVOICE IS A NET CREDIT, PLEASE CONTACT YOUR CREDIT REP:

IF YOU HAVE ANY QUESTIONS PLEASE CALL Roger Cuenca AT 480-402-1458. Rogelio.Cuenca@caremark.com