



CHECK MAILING ADDRESS

CerpassRx
Address
City, St Zip
accountsreceivable@lucyrx.com

*New check mailing address
will be communicated prior
to receiving first invoice*

Group Name
Group Number:

Invoice Details

Invoice #: 123456
Period Date: September 1, 2026 to September 15, 2026
Billing Date: 09/15/2026
Payment Due Date: 09/25/2026

Total Invoice Breakdown:

Description	Count	Rate	Total Cost
Brand (Retail)			
Brand (Mail Order)			
Generic (Retail)			
Generic (Mail Order)			
Admin Fee 1			
Admin Fee 2			

*Admin fees will now be
included on each invoice*

Invoice Total:

\$0.00

ACH Remittance Details:

Name of Financial Institution:
Address of Financial Institution:
Contact Detail:
Depositor Account Title:
Routing Number:
Bank Account Number:
Account Type:

*Updated banking information
will be pre-populated and
shared prior to your first
invoice*