Online Claim Submission

Code: KOD

Employer: Kodiak Robotics, Inc.

EmpID: 574665799

EmpName: Silver, David

Submitted: January 16, 2023

Batch: 29891060

Claim Total: \$20.00

Attachments: 2

Line	Service Date(s)	Туре	Cost	Notes
1	12/25/2022	RX	\$20.00	Provider: MEDIMPACT DIRECT, LLC. For
				whom: David Silver.

Visit Cost Summary

Claim #: 652333747

A claim is used to determine the share of costs for medical services you've received. When a claim has been completed, your share of costs will reflect how much you owe in medical bills.



RX: MAIL ORDER INCENTIVE GENERIC.

Patient: DAVID SILVER Processing date: Your total share: \$20.00

12/27/2022

Date of service: Paid by plan: \$0.00 12/25/2022 Claim status: Completed Check #Z200106485

2/25/2022 Claim status: Completed Check #Z2001064858 issued to MEDIMPACT on

Medical professional: 12/28/2022

Services under this claim: 1

MEDIMPACT DIRECT, LLC

Date of service Service type Your share Service details

Date of service RX: MAIL ORDER Your share Servi

Website Feedb

Date of service	Service type	Your share	Service details
12/25/2022	INCENTIVE GENERIC.	\$20.00	details <u>View</u> <u>service</u> <u>details</u>

1-1 of 1 items



Visit Cost Summary

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