

Online Claim Submission

Code: KOD
Employer: Kodiak Robotics, Inc.
EmpID: 574665799
EmpName: Silver, David
Submitted: January 16, 2023
Batch: 29891063
Claim Total: \$11.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	12/4/2022	RX	\$11.00	Provider: MEDIMPACT DIRECT, LLC. For whom: David Silver.

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Claim #: 645681811

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: FORMULARY GENERIC.

Patient: DAVID SILVER

Processing date:
12/06/2022

Your total share: \$11.00

Date of service:
12/04/2022

Claim status: Completed

Paid by plan: \$0.00
Check #Z2001053719
issued to MEDIMPACT on
12/07/2022

Medical professional:
MEDIMPACT DIRECT, LLC

Services under this claim: 1

Date of service

Service type

Your share

Service details

Date of service

RX: FORMULARY

Your share

Service

[Website Feedback](#)

Date of service	Service type	Your share	Service details
12/04/2022	GENERIC.	\$11.00	details View service details

1 - 1 of 1 items

[Visit Cost Summary](#)

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