

Online Claim Submission

Code: AHU

Employer: Activehours, Inc dba Earnin

EmpID: 708840940

EmpName: Yang, Xuedong

Submitted: January 16, 2023

Batch: 29893284

Claim Total: \$360.00

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/6/2022	GENERAL	\$360.00	Provider: Express scripts. For whom: Xuedong Yang. Prescription Copay for Skyrizi



EXPRESS SCRIPTS®
P.O. Box 145300, Cincinnati, OH 45250

EXPLANATION OF BENEFITS HISTORY PRINT

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YANG
202 HOUSET DR
MILPITAS CA 95035

Member Number: 0688285025
Group Number: 9X5000016648143
Check Date/Check No.: 12/29/22 - 0000000
Benefit Period Starting: 01/01/22
Plan Provider: ACTIVEHOURS, INC. DBA EAR
Carrier Number: NR7A

This document contains information that may have been masked or deleted to protect your privacy of confidential data.

Date of Service	Rx Number	Amount Submitted	Amount Approved	Deductible Applied	Copay Applied	Adjusted Amount	Total Payable	Explanation Codes
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XUEDONG	01/06/22	XXX9950	0.00	46.69	0.00	10.00	46.69	36.69
	01/06/22	XXX9950	0.00	46.69	0.00	10.00	46.69	36.69
	01/06/22	XXX9951	0.00	40.89	0.00	10.00	40.89	30.89
	01/06/22	XXX9951	0.00	40.89	0.00	10.00	40.89	30.89
	01/06/22	XXX9955	0.00	10.00	0.00	10.00	10.00	0.00
	01/06/22	XXX9955	0.00	10.00	0.00	10.00	10.00	0.00
	02/28/22	XXX2223	0.00	19021.98	0.00	90.00	9021.98	18931.98
	07/01/22	XXX5630	0.00	19021.98	0.00	90.00	9021.98	18931.98
	09/01/22	XXX5630	0.00	19021.98	0.00	90.00	9021.98	18931.98
	11/27/22	XXX5630	0.00	19021.98	0.00	90.00	9021.98	18931.98

PATIENT TOTAL 0.00 76087.92 0.00 360.00 6087.92 - 75727.92

STATEMENT TOTAL 0.00 76087.92 0.00 360.00 6087.92 - 75727.92

THIS BENEFIT IS PROVIDED THROUGH:

YANG
202 HOUSET DR
MILPITAS CA 95035
CIG-WEST U500
NR7A

