

Online Claim Submission

Code: SWA

Employer: WA State PEBB

EmplID: 517025464

EmpName: SCHALK, KATHRYN

Submitted: February 10, 2023

Batch: 30283574

Claim Total: \$248.38

Attachments: 6

Line	Service Date(s)	Type	Cost	Notes
1	7/23/2022	RX	\$142.95	Provider: Safeway Pharmacy. For whom: self. 142.95
2	8/24/2022	GENERAL	\$53.49	Provider: Dr. Ore. For whom: self. 53.49
3	8/25/2022	GENERAL	\$16.53	Provider: R. Altman. For whom: self. 6.95+9.57=16.53
4	8/17/2022	GENERAL	\$16.53	Provider: R. Altman. For whom: self. 6.96 9.57=16.53
5	1/19/2022	GENERAL	\$18.88	Provider: Providence Centralia Hospital. For whom: self. 0.90+3.17+6.24+6.24+2.33=18.88



Regence

Regence BlueShield services are provided in the state of Washington and are an Important Licensee of the Blue Cross and Blue Shield Association



Care details

Member: Kathryn C Schalk

Claim ID: E56735131400

Category 1 Preferred Provider: Providence Centralia Hospital; Provider NPI: 1376624981

Patient Account with Provider: 34000142036700

Date of service	Care description	Amount billed by provider	Your plan discounts & payments				Your responsibility				Claim notes
			Your network discount	Allowed amount	Amount paid by health plan	Amount paid by another party	Amount applied to your deductible	Your co-insurance	Your copay	What you may owe	
1/19/22	Laboratory	\$24.00	\$18.00	\$6.00	\$5.10	\$0.00	\$0.00	\$0.90	\$0.00	\$0.90	PXN
1/19/22	Laboratory	\$175.00	\$153.88	\$21.12	\$17.95	\$0.00	\$0.00	\$3.17	\$0.00	\$3.17	PXN
1/19/22	Laboratory	\$341.00	\$299.38	\$41.62	\$35.38	\$0.00	\$0.00	\$6.24	\$0.00	\$6.24	PXN
1/19/22	Laboratory	\$250.00	\$208.38	\$41.62	\$35.38	\$0.00	\$0.00	\$6.24	\$0.00	\$6.24	PXN
1/19/22	Laboratory	\$154.00	\$138.46	\$15.54	\$13.21	\$0.00	\$0.00	\$2.33	\$0.00	\$2.33	PXN
Subtotal		\$944.00	\$818.10	\$125.90	\$107.02	\$0.00	\$0.00	\$18.88	\$0.00	\$18.88	

PXN: Pricing is based on maximum allowance for the service billed by this provider.

TOTAL FOR ALL CLAIMS	\$944.00	\$818.10	\$125.90	\$107.02	\$0.00	\$0.00	\$18.88	\$0.00	\$18.88
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SAFEWAY

#3424

2411 N PROCTOR ST.
TACOMA, WA 98406
(253) 759-9889

REFILL

Schaik, Kat

SCHALK, Kathryn

4206 N 15th St

Tacoma, WA 98406

Phone: (808) 389-1348
Fill Date: 07/23/2022

Clindamycin Phosphate 1 % AER PADA

NDC:45802-0660-32 Disp. Qty:50

Refills 1 By 08/24/2022
Safety Caps:Yes

This medicine is a(n) white foam.

CASH: \$359.99
COPY: \$142.95

Ins 1: NAV 0031

Call your doctor for medical advice about side effects. You may report si
effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.



Regence

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Member: Kathryn C Schalk

Claim ID: E58887647700

Category 1 Preferred Provider: Ore, Robert M.; Provider NPI: 1326213794

Patient Account with Provider: 1269988170

Date of service	Care description	Amount billed by provider	Your plan discounts & payments				Your responsibility				Claim notes
			Your network discount	Allowed amount	Amount paid by your health plan	Amount paid by another party	Amount applied to your deductible	Your co-insurance copay	What you may owe		
8/24/22	Medical	\$15.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	e27
Subtotal		\$461.00	\$104.42	\$356.58	\$303.09	\$0.00	\$53.49	\$0.00	\$53.49	\$53.49	

PXN: Pricing is based on maximum allowance for the service billed by this provider.
e27: The submitted procedure is a component to other procedure.

Care details

Member: Kathryn C Schalk

Claim ID: E58891492200

Category 1 Preferred Provider: Altman, Rachel A.; Provider NPI: 1780264895

Patient Account with Provider: 2534063V5512

			Your plan discounts & payments				Your responsibility				Claim notes
Date of service	Care description	Amount billed by provider	Your network discount	Allowed amount	Amount paid by your health plan	Amount paid by another party	Amount applied to your deductible	Your co-insurance copay	Your copay you may owe		
8/25/22	Medical	\$93.17	\$46.74	\$46.43	\$39.47	\$0.00	\$0.00	\$6.96	\$0.00	\$6.96	PXN
8/25/22	Medical	\$159.12	\$95.33	\$63.79	\$54.22	\$0.00	\$0.00	\$9.57	\$0.00	\$9.57	PXN
Subtotal		\$252.29	\$142.07	\$110.22	\$93.69	\$0.00	\$0.00	\$16.53	\$0.00	\$16.53	



Regence

Regence BlueShield services selected counties in the state of Washington and is an Equal Opportunity Employer of All Races and All Ethnicities.



Care details

Member: Kathryn C Schalk
Claim ID: E58810978600
Category 1 Preferred Provider: Altman, Rachel A.; Provider NPI: 1780264895
Patient Account with Provider: 2527032V5512

Date of service	Care description	Amount billed by provider	Your plan discounts & payments			Your responsibility			Claim notes
			Your network discount	Allowed amount	Amount paid by your health plan	Amount paid by another party	Amount applied to your deductible	Your co-insurance copay you may owe	
8/17/22	Medical	\$93.17	\$46.74	\$46.43	\$39.47	\$0.00	\$0.00	\$6.96	PXN
8/17/22	Medical	\$159.12	\$95.33	\$63.79	\$54.22	\$0.00	\$0.00	\$0.00	PXN
Subtotal		\$252.29	\$142.07	\$110.22	\$93.69	\$0.00	\$0.00	\$16.53	\$16.53

PXN: Pricing is based on maximum allowance for the service billed by this provider.

Care details

Member: Kathryn C Schalk
Claim ID: E58887647700
Category 1 Preferred Provider: Ore, Robert M.; Provider NPI: 1326213794
Patient Account with Provider: 1269988170

Date of service	Care description	Amount billed by provider	Your plan discounts & payments			Your responsibility			Claim notes
			Your network discount	Allowed amount	Amount paid by your health plan	Amount paid by another party	Amount applied to your deductible	Your co-insurance copay you may owe	
8/24/22	Office Visit	\$446.00	\$89.42	\$356.58	\$303.09	\$0.00	\$0.00	\$53.49	PXN





Regence

Regence BlueCross services are provided in the state of Washington and in an independent license of the Blue Cross and Blue Shield Association



PXN: Pricing is based on maximum allowance for the service billed by this provider.

TOTAL FOR ALL CLAIMS	\$965.58	\$388.56	\$577.02	\$490.47	\$0.00	\$0.00	\$86.55	\$0.00	\$86.55	
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Regence

Regence BlueShield services are sold exclusively in the state of Washington and are an important component of the Blue Cross and Blue Shield Association

KATHRYN C SCHALK (Subscriber)

2022 Medical Deductible

\$125.00 ██████████ **\$125.00**
(\$0.00 remaining)

2022 Member Out-of-pocket max

\$970.74 ██████████ **\$2,000.00**
(\$1,029.26 remaining)





Regence

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Care details

Member: Kathryn C Schalk

Claim ID: E56735131400

Category 1 Preferred Provider: Providence Centralia Hospital; Provider NPI: 1376624981

Patient Account with Provider: 34000142036700

Date of service	Care description	Amount billed by provider	Your plan discounts & payments				Your responsibility				Claim notes
			Your network discount	Allowed amount	Amount paid by health plan	Amount paid by another party	Amount applied to your deductible	Your co-insurance	Your copay	What you may owe	
1/19/22	Laboratory	\$24.00	\$18.00	\$6.00	\$5.10	\$0.00	\$0.00	\$0.90	\$0.00	\$0.90	PXN
1/19/22	Laboratory	\$175.00	\$153.88	\$21.12	\$17.95	\$0.00	\$0.00	\$3.17	\$0.00	\$3.17	PXN
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SAFEWAY

#3424

2411 N PROCTOR ST.
TACOMA, WA 98406
(253) 759-9889

REFILL

Schaik, Kat

SCHALK, Kathryn

4206 N 15th St

Tacoma, WA 98406

Cavanagh, Sasha

Clindamycin Phosphate 1 % AER PADA

NDC:45802-0660-32 Disp. Qty:50

Refills 1 By 08/24/2022

Safety Caps:Yes

This medicine is a(n) white foam.

CASH: \$359.99
COPY: \$142.95

Ins 1: NAV 0031

Call your doctor for medical advice about side effects. You may report si
effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.



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Member: Kathryn C Schalk

Claim ID: E58887647700

Category 1 Preferred Provider: Ore, Robert M.; Provider NPI: 1326213794

Patient Account with Provider: 1269988170

Date of service	Care description	Amount billed by provider	Your plan discounts & payments				Your responsibility				Claim notes
			Your network discount	Allowed amount	Amount paid by your health plan	Amount paid by another party	Amount applied to your deductible	Your co-insurance	Your copay you may owe		
8/24/22	Medical	\$15.00	\$15.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	e27
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Claim ID: E58891492200

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Care details

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Claim ID: E58810978600
Category 1 Preferred Provider: Altman, Rachel A.; Provider NPI: 1780264895
Patient Account with Provider: 2527032V5512

Date of service	Care description	Amount billed by provider	Your plan discounts & payments			Your responsibility			Claim notes
			Your network discount	Allowed amount	Amount paid by your health plan	Amount paid by another party	Amount applied to your deductible	Your co-insurance copay you may owe	
8/17/22	Medical	\$93.17	\$46.74	\$46.43	\$39.47	\$0.00	\$0.00	\$6.96	PXN
8/17/22	Medical	\$159.12	\$95.33	\$63.79	\$54.22	\$0.00	\$0.00	\$0.00	PXN
Subtotal		\$252.29	\$142.07	\$110.22	\$93.69	\$0.00	\$0.00	\$16.53	\$16.53

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Patient Account with Provider: 1269988170

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			Your network discount	Allowed amount	Amount paid by your health plan	Amount paid by another party	Amount applied to your deductible	Your co-insurance copay you may owe	
8/24/22	Office Visit	\$446.00	\$89.42	\$356.58	\$303.09	\$0.00	\$0.00	\$53.49	PXN





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KATHRYN C SCHALK (Subscriber)

2022 Medical Deductible

\$125.00 ██████████ **\$125.00**
(\$0.00 remaining)

2022 Member Out-of-pocket max

\$970.74 ██████████ **\$2,000.00**
(\$1,029.26 remaining)