

## Online Claim Submission

Code: SWA  
Employer: WA State PEBB  
EmpID: 527734677  
EmpName: MASTRANGELO, CHRISTINA  
Submitted: January 17, 2023  
Batch: 29910016  
Claim Total: \$22.83  
Attachments: 1

| Line | Service Date(s) | Type | Cost    | Notes                               |
|------|-----------------|------|---------|-------------------------------------|
| 1    | 1/17/2023       | RX   | \$22.83 | Provider: Safeway. For whom: James. |



#2932

2622 CALIFORNIA AVE SW  
SEATTLE, WA 98116  
(206) 937-2221

Rx #:7193122

NEW

**Kline, Jam**

Counsel  
Pickup: eScript

**KLINE, James F**

58

2319 44th Ave Sw  
Seattle, WA 98116

Phone: (206) 938-2141

**TAN, NINA MD**

Fill Date: 01/17/2023

Dexcom G6 Transmitter MIS DEXC

NDC:08627-0016-01 Disp. Qty:1

Refills 3 By 01/17/2024

Safety Caps:Yes

CASH: \$306.99  
**COPAY: \$22.83**

Ins 1: NAV 0031

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

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