

Online Claim Submission

Code: SWB
Employer: WA State SEBB
EmpID: 531233099
EmpName: Chappel, MARGARET
Submitted: January 17, 2023
Batch: 29910187
Claim Total: \$150.00
Attachments: 1

| Line | Service Date(s) | Type | Cost | Notes |
|------|-----------------|------|----------|--|
| 1 | 1/18/2023 | RX | \$150.00 | Provider: Kaiser Permanente. For whom: Margaret Chappel. |

4:46 ↗

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M Medications

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HUMIRA 40 mg/0.8 mL sub-q syringe kit

Generic name: adalimumab

Quantity: 2 each

Day supply: 28

Last fill cost: \$150.00



Payment Information



Margaret Chappel

x2643 exp. 03/2027

Last fill cost: **\$150.00** ⓘ

Shipping Address

Apt. 206

430 18th Avenue East

SEATTLE WA 98112

Pharmacy

Kaiser Perm WA Mail Order Pharmacy

2921 Naches Ave SW

Renton WA 98057

Hours: Mon-Fri 8am-6pm, Sat-Sun 8am-4:30pm

Phone number: 206-630-7979



Call