

## Online Claim Submission

Code: SWA  
Employer: WA State PEBB  
EmplID: 537789444  
EmpName: OWENS, DENESE  
Submitted: February 10, 2023  
Batch: 30283577  
Claim Total: \$512.98  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/4/2023	RX	\$8.98	Provider: Kaiser Permanente. For whom: Denese.
2	2/9/2023	VISION	\$504.00	Provider: Kaiser Permanente. For whom: Denese.



Find | Next

1 of 2

Kaiser Permanente  
Olympia Med Ctr 700 Lilley RD NE Olympia, WA 98506  
1-888-901-4636

Reference Number: 2023040103-69  
Date/Time: 02/09/2023 12:56 PM

Gateway sale  
2023040103-69-1 \$8.98

1 ITEM TOTAL: \$8.98

TOTAL: \$8.98

\*\*\* DUPLICATE RECEIPT 2/9/2023 12:58 PM \*\*\*

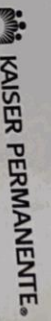
MasterCard \$8.98

Card Number: \*\*\*\*\*4496

Total Received: \$8.98

Generated by D380691 on 2/9/2023 12:58:44 PM

1/2



700 Lilly Road NE  
Olympia WA 98506-5196  
Tel: 18006649225

# SALE

Denese Owens  
6440 Rich Rd Se  
Olympia WA 98501

Patient: Denese Owens

Sale ID	11335-0187224
Sale Date:	2/9/2023 01:16 pm
Printed:	02/09/2023 01:18 pm
Date Of Service:	2/9/2023
Practitioner:	Muehler, Heather
Assisted By:	Colby

ITEM	DESCRIPTION	QTY	PRICE	TOTAL AMT
Contact Lens (Right)	On Order	4	252.00	504.00
Contact Lens (Left)	Clariti 1 Day /90pk	4	252.00	504.00
Sub Total				504.00
Tax				0.00
Total				504.00
Payments	2/9/2023 Visa	Received by: Colby -		
iPayment Ref: 3323040001-20				-504.00
Current Balance Due :				0.00

Your prescription lens are non-refundable.  
The benefit amount listed is an estimate of coverage based on information available at the time of purchase, which may differ from actual benefit available. You are responsible for any remaining balance.  
Thank you for your business!