Online Claim Submission

Code: KDH

Employer: Kaweah Delta Healthcare

EmpID: 625016558

EmpName: Dellia, Denise

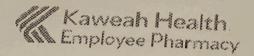
Submitted: January 17, 2023

Batch: 29909783

Claim Total: \$4.99

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/17/2023	RX	\$4.99	Provider: Lance Tomooka. For whom: Israel
				Dellia.



Kaweah Health - Emp Rx 602 W. Willow Ste. B Visalia, Ca 93291 559-624-2920

Receipt No. : 101288212

Date : 1/17/2023 3:18:38PM

Cashier : YVONNE PADILLA

Register # : 1

Customer # : 50873 Dellia, Denise M

Qty Unit Total Item Price Price 1.00 @ \$4.55ea. NON TAXABALE \$4.55

> Sub Total: \$4.55

> > Total: \$4.55

Payroll Deduct_1: \$4.55

Qty of Items: 1

Kaweah Health More than Medicine. Life.



559 624-2920 FG /TF

559 - 303 - 0805

Dr TOMOOKA, LANCE

CIPROFLOXACIN 0.3% EYE DROP NDC# 61314-656-05 SANDOZ

NO REFILL(S) LEFT

MEDIMPAC RLH Ref: 8413767404



COPAY: \$4.55