

Online Claim Submission

Code: S1P

Employer: Sequoia One PEO LLC

EmpID: 622754372

EmpName: Baumann, Frank

Submitted: February 10, 2023

Batch: 30283790

Claim Total: \$305.21

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/30/2023	RX	\$197.37	Provider: CVS specialty pharmacy. For whom: Norlinda Baumann. Mycophenolic Acid co-pay
2	1/30/2023	RX	\$107.84	Provider: CVS specialty pharmacy. For whom: Norlinda Baumann. Tacrolimus co-pay



View payment history

As of 02/10/2023

Customer Name: NORLINDA BAUMANN

Address: 10695 PENARA ST

City, State, Zip: SAN DIEGO, CA, 92126-5948

Account activity: 01/01/2023 - 02/10/2023

Grand Total

	Charge	Payments	Adjustments	Open Balance
Insurance totals	\$1,526.06	-\$1,220.85	\$0.00	\$0.00
Patient totals	\$0.00	-\$305.21	\$0.00	\$0.00
Total	\$1,526.06	-\$1,526.06	\$0.00	\$0.00

Feedback

Pharmacy NPI: 1013998921

Pharmacy Tax ID: 953382344

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Date of Service: 01/30/2023

Rx Refill: 6920147-1

Charge ID: 108275696

Item Name: MYCOPHENOLIC ACID DR - 360MG

Qty: 180

NDC: 70748021816

Transaction Date	Responsible Party	Charge	Payments	Adjustments	Open Balance
02/08/2023	CVS CMK MCR ADV	\$986.85	\$0.00	\$0.00	\$0.00
02/09/2023	CVS CMK MCR ADV	\$0.00	-\$789.48	\$0.00	\$0.00
02/09/2023	PATIENT	\$0.00	-\$197.37	\$0.00	\$0.00
Totals		\$986.85	-\$986.85	\$0.00	\$0.00

Date of Service: **01/30/2023**Rx Refill: **6920138-1**Charge ID: **108275699**Item Name: **TACROLIMUS (ASCEND) -
1MG**Qty: **360**NDC: **67877027901**

Transaction Date	Responsible Party	Charge	Payments	Adjustments	Open Balance
02/08/2023	CVS CMK MCR ADV	\$539.21	\$0.00	\$0.00	\$0.00
02/09/2023	CVS CMK MCR ADV	\$0.00	-\$431.37	\$0.00	\$0.00
02/09/2023	PATIENT	\$0.00	-\$107.84	\$0.00	\$0.00
Totals		\$539.21	-\$539.21	\$0.00	\$0.00

Total for Pharmacy NPI: 1013998921

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Glossary

Adjustment	A change to the charge amount.
Charge	The original charge amount associated with the prescription. Allowed amount and patient responsibility are dictated by your insurance plan.
Charge ID	This is an internal number associated with the Rx-Refill.
Date of Service	The date that the prescription was processed. This may differ from when your order was shipped.
Item Name	The name of the medication or supplies that were dispensed.
NDC	The National Drug Code (NDC) is a unique number which identifies a drug and its dosage.
NPI	Unique number that identifies the pharmacy dispensing your medication.
Pharmacy Tax ID	A Tax Identifier Number (TIN) for the pharmacy dispensing your medication.
Quantity (Qty)	The amount of medication that was dispensed.
Responsible Party	The person or party responsible for payment. This could be an insurance provider, a copay program, or the patient.
Rx Refill	The Rx (prescription) number and the specific refill for that shipment.
Transaction Date	The date that a transaction was made.



View payment history

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