

Online Claim Submission

Code: SWA
Employer: WA State PEBB
EmpID: 527734677
EmpName: MASTRANGELO, CHRISTINA
Submitted: January 17, 2023
Batch: 29910007
Claim Total: \$75.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/17/2023	RX	\$75.00	Provider: Safeway. For whom: James.



#2932

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

Rx #:7193123

Kline, Jam

NEW

KLIN, James F

Counsel
Pickup: eScript

2319 44th Ave Sw
Seattle, WA 98116

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TAN, NINA MD

Phone: (206) 938-2141

Dexcom G6 Sensor MIS DEXC

Fill Date: 01/17/2023

NDC:08627-0053-03 Disp. Qty:9

Refills 3 By 01/17/2024

Safety Caps:Yes

CASH: \$1,347.99
COPAY: \$75.00

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.