## Online Claim Submission

Code: SC1

Employer: Seattle Childrens

EmpID: 108483

EmpName: Simpson, Crystal

Submitted: January 17, 2023

Batch: 29906955

Claim Total: \$11.56

Attachments: 1

Line	Service Date(s)	Туре	Cost	Notes	
1	1/13/2023	RX	\$11.56	Provider: Kaiser Permanente. For whom:	
				Crystal Simpson. Waiting for new FSA card to	
				arrive. Order prescription through mail order	



## KAISER PERMANENTE.

## Pharmacy Dispensing List

Dispensed at KPWA MAIL ORDER on 01/13/23 at 12.51
Federal Tax ID: 91-0511770 Phone 800-245-7979 NCPDP Number: 4932403
2921 Naches Ave SW
Renton, WA 98057



## Patient: SIMPSON-KING, CRYSTAL (Member# 03699359)

	and the control of th						
Prescription Number	Date Of Fill	Qty	Days Supply	Retail Price	Patient Charge		
28264585-36	01/13/23	150.00	30	11.56	11.56		

metFORMIN 500 mg tablet (NDC 70010006305)

Prescriber PAUK SARA

Account 03699359

Total Patient Charges: 11.56 / Payments 11.56 Due: 0.00

T-1-1 C-1-1-1 Channel Co.

Total Patient Charges 0.00
This is a list of medications that were processed in this order. This document is not a bill. A Kaiser Permanente billing statement will be mailed for any remaining balance due.

This document contains confidential information about your health and care . This is provided directly to you for your personal, private use a

Need to pay a bil?

Pay Online https://www.kaiserpermanente.org/html/public/oustomer-service/payment
Pay in person with a personal check or a bank card at a Kaiser Permanente medical office. Kaiser Permanente accepts Visa, MasterCard,
Discover, and American Express. We don't accept cash.

Mail your payment with the payment coupon in the envelope sent with the bill, Include the guaranter ID on your check.

Pay by phone with a credit card 24/7 by calling 1-844-632-2064.

Pay by mail: Kaiser Permanente Patient Financial Services P.O. Box 740488 Los Angeles, CA 90074-0488

Washington State Call your doctor for medical advice about side effects. For questions regarding your medications please contact our Pharmacy at 1-800-245-7979. We are available 7 days a week from 9 00am - 4 30pm

Oregon state law requires pharmacles to report on certain prescriptions. Contact www.orpdmp.com.or (971) 673-0741 for Prescription Monitoring Program info

Maine Notice to Consumers: Complaints against the mail order prescription pharmacy may be filed with the Complaint Coordinator, Office of Licensing and Registration, 35 State House Station, Augusta, ME 04333, tel. (207) 624-8650, or on the worldwide web at www.MaineProfessionaiReg.org.

Wisconsin law requires the pharmacist to consult with you about any new or changed prescriptions. You may contact the pharmacy about any prescription. Contact the pharmacy about any delivery concerns including: Timeliness of delivery. Constition of the prescription drug upon delivery. Failure to receive the proper prescription drug product or device Any prescription which is damaged or lost due to delivery must be replaced by the pharmacy at no additional cost to the outsient. If the timeliness of the replacement leads to an interruption in therapy, the dispensing pharmacy must take steps to reduce patient harm. If a pharmacist fails to consult or resolve your delivery concern, you may contact. Wisconsin Dept. of Safety and Professional Services, Division of Legal Services and Compliance, P. O. Box 7190, Madison, WI 53707-7190 (508) 266-2112 dsps@wisconsin.gov.https://dsps.wi.gov.(cick.on.Fie.A.Compliant)

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.