

## Online Claim Submission

Code: FM1  
Employer: FM Industries  
EmpID: 527971108  
EmpName: Martinez, Cornelio  
Submitted: February 11, 2023  
Batch: 30292346  
Claim Total: \$29.74  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/11/2023	RX	\$29.74	Provider: Kaiser. For whom: Cornelio and Isabella Martinez. Prescription meds



KAISER  
PERMANENTE®

Antioch Sand Creek Pharmacy  
4501 Sand Creek Rd, 1st Fl  
Antioch, CA 94531  
925-813-7940

2/11/23 9:03 AM  
Trans.: 7937 Store: 02572  
Reg.: 007 Till: 071me  
Cashier: D341125 Sales: D341125

SALE

RX 255102278867 10.00 NY

FLONASE OTC 72SPRY 0.380Z 17.99 TY

353100228899 1 @ 17.99

Subtotal 27.99  
Total Sales Tax 1.75

Total 29.74

Credit 29.74

Card: Visa

Account: 0847

Auth: 180335 (A)

Entry: Chip Read

APPROVED

Mode: ISSUER

AID: A0000000031010

TVR: 8080008000

IAD: 06011203A08000

TSI: 6800

ARC: 00

APP: VISA DEBIT

Total Tender 29.74

Change Due 0.00



02572007793720230211