

Online Claim Submission

Code: MIP
Employer: Mithun, Inc.
EmpID: 619247923
EmpName: Rummelhoff, Ann
Submitted: February 10, 2023
Batch: 30281182
Claim Total: \$35.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/8/2023	GENERAL	\$25.00	Provider: Dr. Anne Han, MD. For whom: Ann Rummelhoff. Co-Pay for Appointment
2	2/7/2023	RX	\$10.00	Provider: Dr. Hasio. For whom: Ann Rummelhoff. Prescription Drugs

Feb
8
2023

Established Patient Return at Sutter Dermatology San Francisco

Physician Services

Provider: Anne Han, MD

Patient: Ann Rummelhoff

Primary Payer: United Healthcare

Billed

\$364.00

Insurance Covered

\$0.00

You Paid

-\$25.00

Pending Insurance ⓘ

\$339.00

Your Balance

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Detailed Account Information

Ov Est Pt Lev 4 - 99214 (CPT®)

\$364.00

Pmt Co-Payment PB - Feb 8, 2023

-\$25.00

Pending Insurance

\$339.00

Charge balance

\$0.00

Hide details ^

pregnant, or are breast-feeding. You will need to talk about
Keep out of reach of children: Store in safe

ANNIE RUMMELHOFF

900 Lenora St # W704, Seattle, WA 981212720
(408)569-3099

RX # 1315158-06557

DATE: 02/07/23

VALACYCLOVIR 500MG TABLETS
QTY: 30
2 + REFILLS BEFORE 12/12/23
NDC: 00378-4275-77
New
Retail Price: \$74.59
Your Insurance Saved You: \$64.59
\$ 10.00

CUT HERE

VALA
QTY: 30
New
Retail

ANN
900 Len
(408)569
RX #

PBR: K. HSIAO
MFG: MYLAN
KKT/SAB/SAB/ RYL

PLAN: UHCX
GROUP# UHEALTH
CLAIM REF# 230386087842215998

Customer
receipt

Walgreens
199 PARNASSUS AVE SAN FRANCISCO, CA 94117
PH: (415)661-5287

Pharmacy use only

WAITING

TUE 1:51PM

New

VALACYCLOVIR 500MG TABLETS

00378-4275-77

FAST RACK

QTY 30
10 DRAM