

Online Claim Submission

Code: HWR
Employer: Howard Prep
EmpID: 612267954
EmpName: Munoz, Jesus
Submitted: January 18, 2023
Batch: 29926507
Claim Total: \$157.28
Attachments: 6

Line	Service Date(s)	Type	Cost	Notes
1	1/4/2023	RX	\$157.28	Provider: kaiser. For whom: JESUS MUNOZ. my Navia benefits were not processed because your processed was delayed. i paid from out of pocket and I am requesting for you to used the remaining balance from 2022 first for \$77.93 and the rest from this year. Thank Jesus



**KAISER
PERMANENTE®**

Modesto Main Pharmacy
4601 Dale Road
Modesto, CA 95356
209-735-6360

1/5/23 10:10 AM
Trans.: 7480 Store: 02851
Reg.: 003 Till: 003ar
Cashier: H659738 Sales: H659738

SALE

RX 285103778043		15.00	NY
RX 283303895023		9.63	NY
RX 285103778266		15.00	NY
GS ALRGY RLF LORATDN 10MG #90		13.19	TY
301130612751	1 @	13.19	
MUCINEX 600MG #20 TAB		14.99	TY
363824008202	1 @	14.99	
MUCINEX DM #20 TAB		15.99	TY
363824056203	1 @	15.99	
Subtotal		83.80	
Total Sales Tax		3.48	
Total		87.28	
Credit		87.28	
Card: Visa			
Account: 1964			
Auth: 01021C (A)			
Entry: Contactless			

APPROVED

Mode:	ISSUER
AID:	A0000000031010
TVR:	0000000000
IAD:	06021203A00000
ARC:	00
APP:	CHASE VISA

Total Tender 87.28

Change Due 0.00



02851003748020230105



**KAISER
PERMANENTE.**

Modesto Main Pharmacy
4601 Dale Road
Modesto, CA 95356
209-735-6360

1/7/23	11:13 AM
Trans.: 6106	Store: 02851
Reg.: 005	Till: 005mm
Cashier: D876235	Sales: D876235

SALE

RX 285103782223	15.00	NY
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Subtotal	15.00
Total Sales Tax	0.00

Total	15.00
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Credit	15.00
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Card: Visa

Account: 1964

Auth: 07795D (A)

Entry: Contactless

APPROVED

Mode:	ISSUER
AID:	A0000000031010
TVR:	0000000000
IAD:	06021203AC0000
ARC:	00
APP:	CHASE VISA

Total Tender	15.00
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Charge Due	0.00
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02851005610620230107

Y=Health Care Eligible	
Healthcare Eligible Amount	15.00

Healthcare summary above includes items
(and tax) that may be eligible for plan
reimbursement. Restrictions may apply.

Customer Copy

Kaiser Permanente Modesto
4601 Dale Rd Modesto, CA 95356
209-557-1650

Ticket Number: 84117028
Guarantor ID: XXXXXXXXXXX2956

Tran Serial: 334831778
01/04/23 06:31:22 PM
Card Type: MC
Card Account: XXXXXXXXXXXX5239
Name: MUNOZ/JESUS A
Entry: Chip
Transaction Type: SALE
Auth Code: 15397Z
APP: Mastercard Debit
AID: A0000000041010
TVR: 0000048000
IAD: 0110A040012200000000000000000000FF
TSI: E800
ARC: 00
MODE: ISSUER
PININFO: PIN Verified
Amount: \$55.00

Copay \$55.00

Total: \$55.00

Thank you for your payment. If it does not cover everything you owe for your visit, you will get a bill for the difference later, based on your plan details. If you have questions or wish to dispute your charges, please call the Member Services number on your Kaiser Permanente ID card. To protect your confidential information, please do not put this receipt in the trash at this facility.



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Entry: Chip
Transaction Type: SALE
Auth Code: 15397Z
APP: Mastercard Debit
AID: A0000000041010
TVR: 0000048000
IAD: 0110A040012200000000000000000000FF
TSI: E800
ARC: 00
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