

## Online Claim Submission

Code: SCO

Employer: SiTime Corporation

EmpID: 620322324

EmpName: Kim, Sally

Submitted: February 10, 2023

Batch: 30282265

Claim Total: \$7.46

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/23/2023	RX	\$3.63	Provider: safeway. For whom: Justin Prayogo.
2	2/1/2023	RX	\$3.83	Provider: Safeway. For whom: Justin Prayogo.



MEDICAL



PHARMACY

## Your pharmacy claims

For prescription reimbursements  
for a retail pharmacy prescription  
filled **on or after** January 1,  
2021:

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DATE FILLED

From Jan 1, 2023

To Feb 10, 2023

PHARMACY NAME

All

PRESCRIBER NAME

All

DRUG NAME

All

ONLY SHOW CLAIMS APPLIED TO

- ☐ Deductible  
☐ FSA Eligible  
☐ HRA Reimbursed

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CLAIMS

 AT-HOME COVID TEST

CLAIMS

Justin Prayogo's claims

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<b>Feb</b> <b>01</b> <b>2023</b> Filled Date	<b>TAMSULOSIN CAP 0.4MG</b>  SAFEWAY PHARMACY 2712 Prescribed By: WEN, CHIH-HSIN CHARLES Claim#: 230326186115151 \$0.00 Deductible    \$0.00 HRA Reimbursed For: Justin Prayogo	<b>\$3.83</b>  Patient's responsibility
<b>Drug Information</b> Prescription (Rx) #: 6434068 Drug Type: Generic Dispensed quantity: 90.00 Days' supply: 90 Dosage form: CAP		
<b>Jan</b> <b>23</b> <b>2023</b> Filled Date	<b>DOXYCYCL HYC TAB 100MG</b>  SAFEWAY PHARMACY 2712 Prescribed By: SEVERANCE, DOUGLAS EUGENE Claim#: 230234466194126 \$0.00 Deductible    \$0.00 HRA Reimbursed For: Justin Prayogo	<b>\$3.63</b>  Patient's responsibility
<b>Drug Information</b> Prescription (Rx) #: 6433153 Drug Type: Generic Dispensed quantity: 14.00 Days' supply: 7 Dosage form: TAB		

1  
1

Showing results 1 - 2 of 2

To get financial details about your prescription claims with service dates before January 1, 2021, call the  
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