

## Online Claim Submission

Code: SWA  
Employer: WA State PEBB  
EmpID: 536665421  
EmpName: WILLIAMS, TANYA  
Submitted: January 18, 2023  
Batch: 29917781  
Claim Total: \$56.93  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/10/2023	GENERAL	\$30.00	Provider: Kaiser. For whom: Owen Williams.
2	1/13/2023	RX	\$26.93	Provider: Kaiser. For whom: Tanya.

**Kaiser Permanente**

Northshore Medical Center 11913 Ne 195th St., Bothell, WA 98011-3147

1-888-901-4636

Date/Time: 1/10/2023 10:11 AM Kiosk: WANSHAM5489561  
Card: Mastercard 0658 Authorization code: 03449P  
Patient name: Owen Williams  
Reference: 2023010122-6

Appointment copaysProvider: **Pragati Tikoo, MD****\$30.00**Department: **Northshore Family Medicine**Date: **1/10/2023 10:20 AM**Copoly subtotal: **\$30.00**Total amount paid: **\$30.00**

## Pharmacy Dispensing List

Dispensed at KPWA MAIL ORDER on 01/13/23 at 06:48  
Federal Tax ID: 91-0511770 Phone: 800-245-7979 NCPDP Number: 4932403  
2921 Naches Ave SW  
Renton, WA 98057



21908387-P

**Patient: WILLIAMS, TANYA (Member# 00076262)**

Prescription Number	Date Of Fill	Qty	Days Supply	Retail Price	Patient Charge
28298931-36	01/13/23	47.40	90	26.93	26.93
fluticasone propionate 50 mcg/actuation nasal spray (NDC 60505620503)					
Prescriber: CLEVEN, CHAD					

Account 00076262

Total Patient Charges: **26.93 / Payments 26.93** Due: 0.00Total 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.

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