

## Online Claim Submission

Code: KAE  
Employer: Kalsec, Inc.  
EmpID: 383801327  
EmpName: MINER, MICHAEL  
Submitted: February 10, 2023  
Batch: 30282180  
Claim Total: \$57.57  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/6/2023	RX	\$57.57	Provider: Orchard Trails Pharmacy. For whom: Melissa Miner. They said the card was declined when they ran the card. I laid out of pocket and would like to be reimbursed from our account.



**ORCHARD TRAILS  
PHARMACY**

23133 Orchard Lake Rd., Ste. 101  
Farmington, MI 48336  
**248-516-3566**

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**RX#7011603 R 02/06/23**

**SAL/SSA S**

**MINER, MELISSA**

4973 Yellow Pine Lane KALAMAZOO, MI 49004  
(269) 806-6711 DOB: 03/12/1974

**SLYND TAB 4MG #84**

NDC# 00642-7470-01  
DEHAAN NATASHA,  
NO REFILLS REMAINING

OPTUM BCBS

Patient Pay \$57.57

