Online Claim Submission

Code: GDW

Employer: Guidewire Software

EmpID: 522479327

EmpName: Folkman, Christopher

Submitted: January 23, 2023

Batch: 29992343

Claim Total: \$11.67

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes	
1	1/20/2023	RX	\$11.67 Provider: Kaiser. For whom: Myself.		
				Prescription medication from Kaiser	

Kaiser Permanente Mail Order Pharmacy

Livermore CPP Pharmacy 300 Pullman St Livermore, CA 94551

CHRIS FOLKMAN 1414 GIBBONS DR ALAMEDA, CA 94501

(888) 218-6245

RX Number

ORDER:33861700940 1/20/23 06:16 PM

8am - 6pm Monday - Friday,8am - 6pm Saturday,

9am - 6pm Sunday (closed holidays)

Med Qty

Name:	Chris I	R Folkman
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Medical Record Number: *********2713

RX Number	Med Qty Medication Name 100 LISINOPRIL 10 MG-				NDC	NDC Number 68180051802		Your Price F \$11.67	
2101 0320 2641					6818				
Payment Type	CardType Card# ExpDate			TransactionID	Auth#	Auth# TransType		Amount	
PAYMENT CARD		VISA	6711	••••	230121185359	05958D	Purchase	\$11.67	
Check out online for Check order or via our m	er status a	ailable by si nd track de	gning on elivery: 2	to kp.org 4 hrs/day: k	p.org/refills	Total Presc	ription Price:		\$11.67
Go paperle preference:	ss: Get he	ealth docum	ents on-li	ne: Set your	•		Sales Tax:		\$0.00
Get notification	ations: Sig	in up for tex	t or email	l messages:	Update				

Get your COVID-19 vaccine to help protect yourself and your loved ones. Visit kp.org or call our appointment center today.

notification preferences at checkout at kp.org/refills

Medication Name

Your Order Total:

Shipping Cost:

\$11.67

\$0.00

Payment Balance Due:

\$0.00

All Prescription Sales are Final. Unopened Over-the-Counter items may be returned for refunds within 30 days with original receipt.

Pharmacy Consultation Telephone Service: The Kaiser Permanente Mail Order Pharmacy provides prescription consultation service to all our patients. You have the right to request consultation on your prescriptions. To request a consultation with a pharmacist concerning your medications, please call the pharmacy at 1-888-218-6245.

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

Questions regarding the integrity of your package or medication, please contact us at 1-888-218-6245 or Member Services.

A less expensive alternative may be available to you. Please ask your pharmacist.

If you wish to cancel your order, please contact us immediately. You can contact us by phone referencing the order in question. We recommend calling us right away to cancel an order. We can cancel most orders up until it has been processed prior to shipping.

F= Health Flexible Spending Card Eligible. Item may be eligible to be applied to Healthcare Spending Card Account. Save this receipt and check your plan for details.

Thank you for using the Kaiser Permanente Mail Order Pharmacy.

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Check out online for Check order or via our m	er status a	ailable by si nd track de	gning on elivery: 2	to kp.org 4 hrs/day: k	p.org/refills	Total Presc	ription Price:		\$11.67
Go paperle preference:	ss: Get he	ealth docum	ents on-li	ne: Set your	•		Sales Tax:		\$0.00
Get notification	ations: Sig	in up for tex	t or email	l messages:	Update				

Get your COVID-19 vaccine to help protect yourself and your loved ones. Visit kp.org or call our appointment center today.

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