

Online Claim Submission

Code: WSN
Employer: WA State Nurses Association
EmpID: 531728810
EmpName: Welander, Hanna K
Submitted: January 18, 2023
Batch: 29917971
Claim Total: \$60.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/8/2023	RX	\$60.00	Provider: Kaiser Permanente. For whom: Hanna Welander.

Dispensed at KPWA MAIL ORDER on 01/08/23 at 01:53
Federal Tax ID: 91-0511770 Phone: 800-245-7979 NCPDP Number: 4932403
2921 Naches Ave SW
Renton, WA 98057



21846558-P

Patient: WELANDER, HANNA (Member# 00339790)

Prescription Number	Date Of Fill	Qty	Days Supply	Retail Price	Patient Charge
29373222-36	01/08/23	1.00	90	566.93	60.00
ESTRING 2 mg (7.5 mcg /24 hour) vaginal ring (NDC 00013215036)					
Prescriber: Gerbino, Ingrid F, MD,					

Account 00339790

Total Patient Charges: **60.00 / Payments 60.00** 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.

This document contains confidential information about your health and care. This is provided directly to you for your personal, private use only.

Need to pay a bill?

Pay Online <https://wa.kaiserpermanente.org/html/public/customer-service/payment>

Pay in person with a personal check or a bank card at a Kaiser Permanente medical office. Kaiser Permanente accepts Visa, MasterCard, Discover, and American Express. We don't accept cash.

Mail your payment with the payment coupon in the envelope sent with the bill. Include the guarantor ID on your check.

Pay by phone with a credit card 24/7 by calling 1-844-632-2064.

Pay by mail:

Kaiser Permanente
Patient Financial Services
P.O. Box 740488
Los Angeles, CA 90074-0488

Washington State Call your doctor for medical advice about side effects. For questions regarding your medications please contact our Pharmacy at 1-800-245-7979. We are available 7 days a week from 9:00am - 4:30pm

Oregon state law requires pharmacies to report on certain prescriptions. Contact www.orpdmp.com or (971) 673-0741 for Prescription Monitoring Program info.

Maine Notice to Consumers: Complaints against the mail order prescription pharmacy may be filed with the Complaint Coordinator, Office of Licensing and Registration, 35 State House Station, Augusta, ME 04333, tel. (207) 624-8660, or on the worldwide web at www.MaineProfessionalReg.org.

Wisconsin law requires the pharmacist to consult with you about any new or changed prescriptions. You may contact the pharmacy about any prescription. Contact the pharmacy about any delivery concerns including: Timeliness of delivery. Condition of the prescription drug upon delivery. Failure to receive the proper prescription drug product or device Any prescription which is damaged or lost due to delivery must be replaced by the pharmacy at no additional cost to the patient. If the timeliness of the replacement leads to an interruption in therapy, the dispensing pharmacy must take steps to reduce patient harm. If a pharmacist fails to consult or resolve your delivery concern, you may contact: Wisconsin Dept. of Safety and Professional Services, Division of Legal Services and Compliance, P.O. Box 7190, Madison, WI 53707-7190 (608) 266-2112 dsps@wisconsin.gov <https://dsps.wi.gov> (click on File A Complaint)

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

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