Online Claim Submission

Code: WIX

Employer: Wix.com, Inc.

EmpID: 612365141

EmpName: Geottman, Margret

Submitted: February 10, 2023

Batch: 30282051

Claim Total: \$141.73

Attachments: 4

Line	Service Date(s)	Туре	Cost	Notes
1	2/5/2023	RX	\$99.03	Provider: kaiser. For whom: margret.
2	12/1/2022	RX	\$20.00	Provider: kaiser. For whom: mArgret.
3	2/6/2023	RX	\$12.70	Provider: kaiser. For whom: margret.
4	2/6/2023	RX	\$10.00	Provider: kaiser. For whom: margret.

Joel	PERMA	NENIE®				
\$20.00 \$20.00	Union City Pharmacy 3553 Whipple Ro Union City, CA 94	pad	lit Ref:			
275	510-675-2133	1007	63514931			
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r payme l get a you hav	2/6/23 Trans.: 6510 Reg.: 008 Cashier: T467019	Store: 02132 Till: 008bw Sales: T467019	manente ID			
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online	RX 213202676256	10.00 NY	ier way of			
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N(S) LINGE	Credit Card: Visa Account: 4786 Auth: 32883D (A) Entry: Contactless	10.00	IN CHRISTI			
	APPROVED					
	AFFROVED					
	Mode: AID: TVR: IAD: ARC: APP:	ISSUER A0000000031010 0000000000 06011203A00000 VISA CREDIT				
1	otal Tender	10.00				

Kaiser Permanente Mail Order Pharmacy

Livermore CPP Pharmacy 300 Pullman St Livermore, CA 94551

(888) 218-6245

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

9am - 6pm Sunday (closed holidays)

MARGRET E GEOTTMAN 519 SHEPHERD AVE APT 3 HAYWARD, CA 94544

ORDER:34131677268 2/6/23 09:26 AM

Name: Margret E Geottman

Medical Record Number: *******5702 RX Number Med Qty Medication Name KP Retail \$12.70 NDC Number Your Price 2256 1552 5667 90 PANTOPRAZOLE 40 MG TABLET. 65862056099 F \$12.70 Payment Type Card# ExpDate CardType TransactionID TransType PAYMENT CARD VISA 4786 230207012238 17349D

Check out online features available by signing on to kp.org

- Check order status and track delivery: 24 hrs/day: kp.org/refills or via our mobile app
- · Go paperless: Get health documents on-line: Set your preferences at kp.org/paperless
- Get notifications: Sign up for text or email messages: Update notification preferences at checkout at kp.org/refills

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

Total Prescription Price:

Sales Tax: \$0.00

\$12.70

Shipping Cost: \$0.00

\$12.70 Your Order Total:

Payment Balance Due: \$0.00



tris receipt has confidential information. Please don't throw away in a Kaiser Permanente trash can. If you don't want the information or should not have received it, please return it to a Kaiser Permanente employee

Kaiser Permanente Payment or Check-In Receipt

110007295702

GEOTTMAN, MARGRET E Name:

Spoken Language:

English

Visit Coverage: KFHP 1000

12/01/22 2:00 PM

1:50 PM 12/01/2022 1:50 PM

Appt or Service Date/Time: Check In or Payment Date/Time: 12/01/22

Dept: UNC-OPH1

Service Type:

Appt With: Ciolek, Joel (Pa)

Dept: UNCOPH

Amount Due: \$20.00

Amount Received: \$20.00

Source: Credit

Ref: Visa

Acct: 316901444275

Encounter: 31870456709

Advanced Directive:

63514931 Receipt:

Thank you for your payment. If it doesn't cover everything you owe for your visit, you'll get a bill for the difference later, based on your plan details. If you have questions or wish to dispute your charges, please call the Member Services number on your Kaiser Permanente ID card.

To protect your confidential information, please don't put this receipt in the trash at this facility.

Your health info online. Register at kp.org for a healthier way of life.

Visit your doctor's home page at kp.org/mydoctor to view your Preventive Service reminders, check lab results, request refills, use online tools.

PERSONAL PHYSICIAN(S)

MED/PED OTHE: DEHLINGER, MAIA*OB/GYN OTHER: SCOTT, MEGHAN CHRISTINE (

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

9am - 6pm Sunday (closed holidays)

MARGRET GEOTTMAN 519 SHEPHERD AVE APT 3 HAYWARD, CA 94544

ORDER: 34131675207 2/5/23 07:53 PM

Name: Margret E Geottman					Medical Record Number: ******5702					
RX Number	Med Qt	y Medi	cation Na	ame		NDC Nur	mber	KP Retail		Your Price
2143 0377 3107	100	JARD	IANCE 2	5 MG TABI	LET	0059701	5390	\$1,280.56	F	\$40.00
2256 1960 9515 100		NORT	NORTRIPTYLINE 50 MG CAPSULE			51672400302		\$24.19	F	\$20.00
2143 0374 5180 200		RISPE	RISPERIDONE 1 MG TABLET			68382011414		\$19.03	F	\$19.03
2143 0374 5177	200	BUPR	OPION	HCL XL 15	0 MG 24 HR	6818003	31902	\$39.12	F	\$20.00
Payment Type		CardType	Card#	ExpDate	TransactionII)	Auth#	TransType		Amount
PAYMENT CARD		VISA	4786	****	23020701224	46	28149D	Purchase		\$99.03

Check out online features available by signing on to kp.org

- Check order status and track delivery: 24 hrs/day: kp.org/refills or via our mobile app
- Go paperless: Get health documents on-line: Set your preferences at kp.org/paperless
- Get notifications: Sign up for text or email messages: Update notification preferences at checkout at kp.org/refills

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

Total Prescription Price:

\$99.03

Sales Tax:

\$0.00

SHIF

Shipping Cost:

\$0.00

Your Order Total:

\$99 03

Payment Balance Due:

\$0.0