

Online Claim Submission

Code: NCN
Employer: NW Center Industries
EmpID: 534941782
EmpName: BRICK, LISA
Submitted: February 10, 2023
Batch: 30282071
Claim Total: \$27.08
Attachments: 4

Line	Service Date(s)	Type	Cost	Notes
1	1/22/2023	RX	\$27.08	Provider: Safeway. For whom: Lisa Brick.



Claim details

< [To claims list](#)

CLAIM

DATE OF SERVICE 01/22/2023	CLAIM RECEIVED 01/22/2023	IN PROCESS 01/22/2023	PROCESSED 01/22/2023
✓	✓	✓	✓
CLAIM ID 862710952100	PROVIDER SAFEWAY PHARMACY #0459		
MEMBER NAME LISA BRICK 07/30/1966	CLAIM TYPE Prescription		
SERVICE/PRODUCT CITALOPRAM HBR			

BILLING INFORMATION

AMOUNT BILLED	\$84.14
TOTAL PLAN DISCOUNTS AND PAYMENTS	\$72.06
YOUR RESPONSIBILITY	\$12.08
Disagree with a decision about your coverage? Claims Appeals Process (.pdf)	



Claim details

< [To claims list](#)

CLAIM

DATE OF SERVICE 01/29/2023	CLAIM RECEIVED 01/29/2023	IN PROCESS 01/29/2023	PROCESSED 01/29/2023
✓	✓	✓	✓
CLAIM ID 862712921800	PROVIDER SAFEWAY PHARMACY #0459		
MEMBER NAME LISA BRICK 07/30/1966	CLAIM TYPE Prescription		
SERVICE/PRODUCT BUPROPION HCL SR			

BILLING INFORMATION

AMOUNT BILLED	\$51.37
TOTAL PLAN DISCOUNTS AND PAYMENTS	\$36.37
YOUR RESPONSIBILITY	\$15.00
Disagree with a decision about your coverage? Claims Appeals Process (.pdf)	



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