

## Online Claim Submission

Code: RSA  
Employer: RESA Power  
EmpID: 762994873  
EmpName: CHAI, YI  
Submitted: January 23, 2023  
Batch: 29991932  
Claim Total: \$43.99  
Attachments: 4

Line	Service Date(s)	Type	Cost	Notes
1	1/6/2023	GENERAL	\$20.00	Provider: NorthBay Health. For whom: Chai Yi Fui.
2	1/7/2023	RX	\$23.99	Provider: Raley's. For whom: Chai Yi Fui.

Payment Receipt - 1/6/2023 11:37:16 AM CST



## Mailing Information

CHAI, YI FUI  
3408 ASHBOURNE CT  
FAIRFIELD CA 94534-8317

## Payment Information

## Northbay Ambulatory Clinics

1200 B. Gale Wilson Blvd  
Fairfield, CA 94533  
(707) 646-5000

Reference: 11316430  
TransactionLog Id: 111645026  
AuthCode: 02031C  
Created On: 1/6/2023 11:37:37 AM

Approved

Account Number	Payment Amount
15160924	20.00
	<b>20.00</b>

## Patient Information

Name CHAI, YI FUI  
Notes

## Card Information

## Type



Number 6344  
Device Serial 0821861835  
EMV Details  
MID:334190490881  
TID:8229244  
Application Name:CHASE VISA  
Application Pan:XXXXXXXXXXXX6344  
Card Entry Mode:chip\_read  
Authorization Mode:issuer  
AID:A0000000031010  
TVR:0000008000  
IAD:06021203A03002  
TSI:E800  
ARC:00

Signature \_\_\_\_\_

Print this summary for your records.



Get Something Extra  
at Raleys.com

TERM# 17 STORE# 332 OPERATOR# 7120  
01/07/23 12:10:05  
RALEY'S (800)925-9989

Drug Items -----  
FSA Eligible Item  
H-Rx# 6184912 01 3.99 S  
FSA Eligible Item  
H-Rx# 6193905 01 10.00 S  
FSA Eligible Item  
H-Rx# 6189082 01 10.00 S  
SUBTOTAL 23.99  
TAX DUE .00  
TOTAL \$ 23.99  
CREDIT CARDS 23.99  
XXXXXXXXXXXX6344  
CASH CHANGE .00

NUMBER OF ITEMS 3

\*\*\*\*\*

01/07/2023 12:10:45  
MID:029800863326 TID: 001  
170398

CREDIT CARD

PURCHASE

CARD #: XXXXXXXXXXXX6344  
Chip Card: CHASE VISA  
AID: A0000000031010

Payment Receipt - 1/6/2023 11:37:16 AM CST



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