

## Online Claim Submission

Code: KDH

Employer: Kaweah Delta Healthcare

EmpID: 142681858

EmpName: Miller, Ann

Submitted: February 10, 2023

Batch: 30283448

Claim Total: \$72.00

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/6/2023	RX	\$72.00	Provider: MixMed Pharmacy. For whom: self.

02/06/2023

03:13pm

# MixMed Pharmacy

2101 Herndon Ave Ste 102  
CLAYTON, CA 93611  
Phone:(559) 298-0600  
Mixmedrx.com

1 RX0431874\_02 MILLER, ANN  
1 MAIL FEE  
\$65.00  
\$7.00

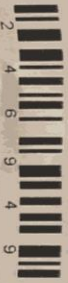
Sales Tax: \$72.00  
Amount Due: \$0.00  
\$72.00

# Items: 2  
Clerk ID: 2565  
Register # 2  
Drawer # 1

**Call your doctor for medical  
advice about side effects.  
You may report side effects  
to FDA at: 1-800-FDA-1088.**  
Merchant Id: 4445047037932  
Terminal Id: 0001

Approved Sale  
\$72.00  
Charged to:  
Visa  
ENTRY  
XXXXXXXXXXXX4250  
Approval Code: 00577D  
Transaction Id: 944422497  
Response Code 00

\*\*\* Thank you for your business\*\*\*  
MixMed Compounding Pharmacy  
Mon - Fri 9am to 6pm  
Sat 9am to 1pm Sun. Closed  
Visit us at Mixmedrx.com  
Consultation available during business hours



Customer Copy

Prescriber  
US POSTAGE  
PAID  
HYUNDAI