## Online Claim Submission

Code: CUW

Employer: Community Health Center Network

EmpID: 625634074

EmpName: Chen, Xiumei

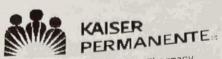
Submitted: January 18, 2023

Batch: 29925135

Claim Total: \$25.11

Attachments: 1

Line	Service Date(s)	Туре	Cost	Notes
1	1/15/2023	RX	\$25.11	Provider: Kaiser. For whom: Xiumei Chen.



San Leandro Discharge Pharmacy 2500 Merced St Bldg H RM1346 San Leandro, CA 94577 510-454-3150

1/15/23 Trans.: 2064 Reg.: 005 Cashier: C911949

12:20 PM Store: 02923 Till: 5001 Sales: C911949

## SALE

8.20 NY RX 292300401992 7.46 NY RX 292300401991 9.45 NY RX 292300401993 25.11 Subtota1 Total Sales Tax 0.00 25.11 Total 25.11 Credit Card: MasterCard Account: 9110

## APPROVED

Mode: **ISSUER** AID: A0000000041010 TVR: 0000008001

nave prescripping

Auth: 65369P (A) Entry: Contactless

ARC: APP: UOV OI bele Mastercard

25.11 Total Tender

0.00 Change Due

