

## Online Claim Submission

Code: RTC

Employer: Zeppelin Systems USA, Inc.

EmplID: 770369412

EmpName: Torres Hernandez, Hernan

Submitted: January 18, 2023

Batch: 29925546

Claim Total: \$115.00

Attachments: 5

| Line | Service Date(s) | Type    | Cost    | Notes  |
|------|-----------------|---------|---------|--|
| 1    | 1/10/2023       | GENERAL | \$25.00 | Provider: BayCare Health Systems. For whom: Santiago Torres. Co-payment for doctor's visit, on 01/10/2023, for my son (Santiago Torres). |
| 2    | 1/10/2023       | GENERAL | \$25.00 | Provider: Baycare Health Sytem. For whom: Samuel Torres. Co-payment for doctor's visit, on 01/10/2023, for my son (Samuel Torres).       |
| 3    | 1/16/2023       | RX      | \$65.00 | Provider: Westside Pharmacy. For whom: Hernan Torres. Receipt for prescription drug/medicine for Hernan Torres.                          |

Westside Pharmacy  
1028 E Brandon Blvd  
Brandon, FL 33511  
813-699-3496

Merchant Id #4445047027651

=====DELIVERY=====

TORRES, HERNAN  
1705 CANOE DR  
LUTZ, FL 33559  
Home (813) 770-7657  
Mobile (813) 770-7657

Clerk: JDV CD #: 1 1/16/2023 2:36:48 PM

1 Items Scanned

|           |         |
|-----------|---------|
| Sub Total | \$65.00 |
| Discount  | \$0.00  |
| Tax       | \$0.00  |

|           |                |
|-----------|----------------|
| Total Due | <u>\$65.00</u> |
|-----------|----------------|

Ticket #: 111379

Cust:

|                         |         |
|-------------------------|---------|
| Purchase Visa .....0160 | \$65.00 |
|-------------------------|---------|

Keyed Host response code:00

Approval:023054

Transaction #:751110957

|            |        |
|------------|--------|
| Change Due | \$0.00 |
|------------|--------|

\*

We Appreciate Your Business!  
Thank You!  
Please come again.

BayCare Health System  
24630 State Road 54  
Lutz, FL 33559  
813-948-3903

Receipt  
Patient Copy

BILLED TO  
**MONICA TORRES**  
Visa - XXXX 8292  
Reference # 85871284  
Location ID: 680672 / Auth Code: 010065  
**Type: Sale (APPROVED 010065)**

1/10/2023 10:33 AM  
  
PATIENT  
**SAMUEL TORRES**

| ITEM               | TOTAL   |
|--------------------|---------|
| Transaction Amount | \$25.00 |

BayCare Health System  
24630 State Road 54  
Lutz, FL 33559  
813-948-3903

Receipt  
Patient Copy

BILLED TO  
**MONICA TORRES**  
Visa - XXXX 8292  
Reference # 85871270  
Location ID: 680672 / Auth Code: 010927  
**Type: Sale (APPROVED 010927)**

1/10/2023 10:33 AM  
  
PATIENT  
**SANTIAGO TORRES**

| ITEM               | TOTAL   |
|--------------------|---------|
| Transaction Amount | \$25.00 |

BayCare Health System  
24630 State Road 54  
Lutz, FL 33559  
813-948-3903

Receipt  
Patient Copy

BILLED TO  
**MONICA TORRES**  
Visa - XXXX 8292  
Reference # 85871284  
Location ID: 680672 / Auth Code: 010065  
**Type: Sale (APPROVED 010065)**

1/10/2023 10:33 AM  
  
PATIENT  
**SAMUEL TORRES**

| ITEM               | TOTAL   |
|--------------------|---------|
| Transaction Amount | \$25.00 |

BayCare Health System  
24630 State Road 54  
Lutz, FL 33559  
813-948-3903

Receipt  
Patient Copy

BILLED TO  
**MONICA TORRES**  
Visa - XXXX 8292  
Reference # 85871270  
Location ID: 680672 / Auth Code: 010927  
**Type: Sale (APPROVED 010927)**

1/10/2023 10:33 AM  
  
PATIENT  
**SANTIAGO TORRES**

| ITEM               | TOTAL   |
|--------------------|---------|
| Transaction Amount | \$25.00 |