## Online Claim Submission

Code: SCO

Employer: SiTime Corporation

EmpID: 620322324

EmpName: Kim, Sally

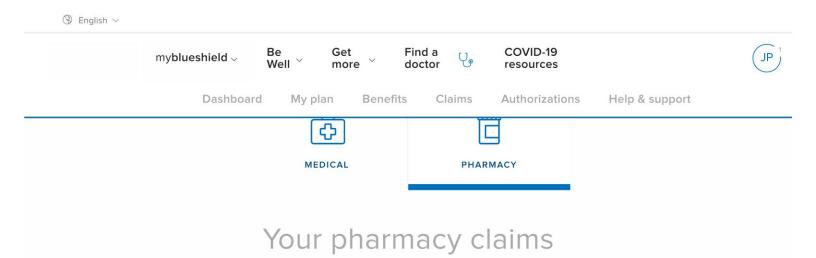
Submitted: February 10, 2023

Batch: 30282265

Claim Total: \$7.46

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/23/2023	RX	\$3.63	Provider: safeway. For whom: Justin Prayogo.
2	2/1/2023	RX	\$3.83	Provider: Safeway. For whom: Justin Prayogo.



Justin Prayogo's claims For prescription reimbursements for a retail pharmacy prescription Download claims ( Download ∧ Collapse all claims filled on or after January 1, 2021: TAMSULOSIN CAP 0.4MG Feb **Download Form** 01SAFEWAY PHARMACY 2712 \$3.83 Prescribed By: WEN, CHIH-HSIN CHARLES 2023 Patient's **Filters** Claim#: 230326186115151 Filled Date responsibility \$0.00 Deductible \$0.00 HRA DATE FILLED Reimbursed From Jan 1, 2023 For: Justin Prayogo **Drug Information** To Feb 10, 2023 Prescription (Rx) #: 6434068 Drug Type: Generic **PHARMACY NAME** Dispensed quantity: 90.00 Days' supply: 90 All Dosage form: CAP PRESCRIBER NAME DOXYCYCL HYC TAB 100MG Jan All 23 SAFEWAY PHARMACY 2712 \$3.63 DRUG NAME Prescribed By: SEVERANCE, DOUGLAS 2023 Patient's **EUGENE** Filled Date All responsibility Claim#: 230234466194126 \$0.00 Deductible \$0.00 HRA **ONLY SHOW CLAIMS APPLIED TO** Reimbursed Deductible For: Justin Prayogo FSA Eligible HRA Reimbursed **Drug Information** Prescription (Rx) #: 6433153 Reset Apply Drug Type: Generic Dispensed quantity: 14.00 Other Claims [/] Days' supply: 7 Dosage form: TAB MENTAL HEALTH

CLAIMS

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1

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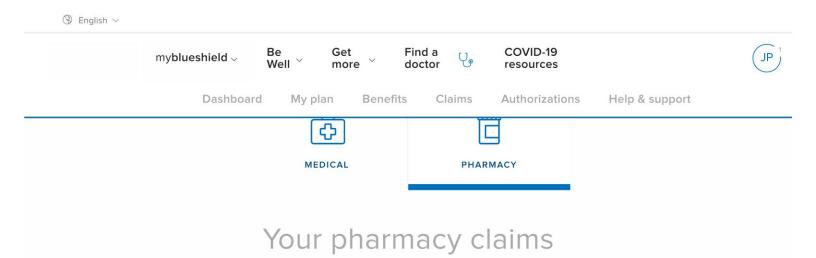






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