

## Online Claim Submission

Code: HSM  
Employer: Health Plan of San Mateo  
EmpID: 566916729  
EmpName: Nguyen, Jennifer  
Submitted: January 24, 2023  
Batch: 30009576  
Claim Total: \$18.84  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	12/17/2022	RX	\$18.84	Provider: Kaiser Permanente. For whom: Child.



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## Thank you for your payment!

1 message

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**KP NCAL PHARMACY PFS** <no-reply@revspringinc.com>  
Reply-to: KP NCAL PHARMACY PFS <no-reply@revspringinc.com>  
To: jenxyao@gmail.com <jenxyao@gmail.com>

Tue, Jan 24, 2023 at 8:44 PM

Payment Approved



**KAISER  
PERMANENTE®**

## Your payment was processed successfully!

Thank you for your payment!

**Guarantor Account Number**

13202682

**Confirmation Number**

50651027

**Authorization Code**

02203C

**Amount**

\$18.84

**Transaction Date**

01/25/2023 04:44:06

**Payment Method**

Visa \*\*\*7581

This email was sent from an unmonitored email box. Please do not reply to this email.



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PERMANENTE®**

PO BOX 743140

LOS ANGELES, CA 90074-3140

Office Hours: 8:00am - 5:00pm

Phone: (833) 379 2278

[Contact Us](#)


**KAISER  
PERMANENTE®**

MIKE T NGUYEN  
755 DELANO AVE  
SAN FRANCISCO, CA 94112-3358

**NCAL PHARMACY BILL FOR SERVICES**
**Statement Date:** 12/28/2022

**Invoice Number:** 9816476

**Guarantor Account Number:** 13202682

Balance Forward	New Charges	Payments/Adjustments	Amount Due	Due Date
\$0.00	\$18.84	\$0.00	<b>\$18.84</b>	<b>01/17/2023</b>

Prescribing Physician	Pharmacy Sold ID	Date	Patient's Name	RX Name	Patient Portion	Payments/Adjustments	Remaining Amount Due
CUSTER, MATTHEW	02315	12/17/22	CAMILA NGUYEN	POLY-VI-SOL 11MG/ML SOL MJNU	\$18.84	\$0.00	\$18.84
Days Outstanding					<b>Totals</b>	\$18.84	\$0.00
0-30	31-60	61-90	91-120	OVER 120	<b>AMOUNT DUE</b>		
\$18.84	\$0.00	\$0.00	\$0.00	\$0.00			
					<b>\$18.84</b>		

Thank you for using Kaiser Permanente for your health care needs. Please remit your payment for the balance reflected on this statement in **FULL** today. Thank you.

If you received several types of services during an office visit, emergency room visit, or an inpatient stay (for example, services for inpatient, outpatient hospital-based, physician, lab, and/or x-rays), you may be billed separately for these services.

**Billing Questions?**

- ▶ Contact: Kaiser Permanente Pharmacy Billing Office
- ▶ Hours of Operation: Mon-Fri, 8 am to 5 pm PT
- ▶ Phone: 1-833-379-2278