

Online Claim Submission

Code: JRG

Employer: James R. Glidewell Dental Ceramics, I

EmplID: 610152604

EmpName: Lee, Wing Kee Vikki

Submitted: February 10, 2023

Batch: 30282444

Claim Total: \$102.73

Attachments: 6

Line	Service Date(s)	Type	Cost	Notes
1	1/11/2023	GENERAL	\$54.46	Provider: Newport Urgent Care. For whom: Wing Kee Vikki Lee. Office visit copay plus strep test.
2	2/3/2023	GENERAL	\$40.00	Provider: Imperial Dermatology. For whom: Wing Kee Vikki Lee. Office visit.
3	2/7/2023	RX	\$8.27	Provider: Express Scripts. For whom: Wing Kee Vikki Lee. Medication

What's Included in this Claim

Claim Number	2023037BV7476
Claim Type	Medical
Network	In Network
Patient	Wing Kee Vik(11/13/1982)
Provided By	Imperial Dermatology
Received	Feb. 6, 2023
Processed	Feb. 6, 2023

Office O/p Est Low 20-29 Min			\$168.00
Service Date	Feb. 3, 2023	Plan discount	\$92.76
Remarks	*00135, *00066	Allowed by plan	\$75.24
		Plan paid	\$35.24
		What you pay	\$40.00

Your claim code(s):

***00135**
This is your copay amount. That's the fixed amount you pay for health care.

***00066**
You don't pay the 'Your discount' amount. This is the benefit to using doctors/facilities in one of our plans.

[< Back](#)

Order Details



Order Placed: Feb 7, 2023

Your order has been shipped

[Track shipment](#)

- ☒ **Placed**
- ☒ **Processing**
- ☒ **Shipped**
- ☐ **Delivered**



Spironolactone Tabs
50 mg | 90 qty | 90-day supply
Rx# 230381827917
Prescriber: Zhe Hou

Wing Kee Vik
New Fill

\$8.27

Your medication is on the way. You can track your medication by using the tracking number.

Order number: 880877435
Invoice #: 304174571-17
Order Total: \$8.27

Shipping address
3240 E Santa Fe Rd

Brea, CA 92821

Shipping method

Standard: Arrives 3-5 business days after order has been shipped

What's Included in this Claim

Claim Number	2023017CX9178
Claim Type	Medical
Network	In Network
Patient	Wing Kee Vik(11/13/1982)
Provided By	Newport Urgent Care
Received	Jan. 17, 2023
Processed	Jan. 17, 2023

Office O/p New Mod 45-59 Min \$360.00

Service Date	Jan. 11, 2023	Plan discount	\$222.28
Remarks	*00066, *00135	Allowed by plan	\$137.72
		Plan paid	\$97.72
		What you pay	\$40.00

Your claim code(s):

***00066**

You don't pay the 'Your discount' amount. This is the benefit to using doctors/facilities in one of our plans.

***00135**

This is your copay amount. That's the fixed amount you pay for health care.

Strep A Assay W/optic \$55.00

Service Date	Jan. 11, 2023	Plan discount	\$40.54
Remarks	*00038, *00066	Allowed by plan	\$14.46
		Plan paid	\$0.00
		What you pay	\$14.46

Your claim code(s):

***00038**

This amount has been applied to your deductible. Your deductible is the amount you pay for health care before we start sharing the costs.

***00066**

You don't pay the 'Your discount' amount. This is the benefit to using doctors/facilities in one of our plans.

What's Included in this Claim

Claim Number	2023037BV7476
Claim Type	Medical
Network	In Network
Patient	Wing Kee Vik(11/13/1982)
Provided By	Imperial Dermatology
Received	Feb. 6, 2023
Processed	Feb. 6, 2023

Office O/p Est Low 20-29 Min		\$168.00
Service Date	Feb. 3, 2023	Plan discount \$92.76
Remarks	*00135, *00066	Allowed by plan \$75.24
		Plan paid \$35.24
		What you pay \$40.00

Your claim code(s):

***00135**
This is your copay amount. That's the fixed amount you pay for health care.

***00066**
You don't pay the 'Your discount' amount. This is the benefit to using doctors/facilities in one of our plans.

[< Back](#)

Order Details



Order Placed: Feb 7, 2023

Your order has been shipped

[Track shipment](#)

- ☒ **Placed**
- ☒ **Processing**
- ☒ **Shipped**
- ☐ **Delivered**



Spironolactone Tabs
50 mg | 90 qty | 90-day supply
Rx# 230381827917
Prescriber: Zhe Hou

Wing Kee Vik
New Fill

\$8.27

Your medication is on the way. You can track your medication by using the tracking number.

Order number: 880877435
Invoice #: 304174571-17
Order Total: \$8.27

Shipping address
3240 E Santa Fe Rd

Brea, CA 92821

Shipping method

Standard: Arrives 3-5 business days after order has been shipped

What's Included in this Claim

Claim Number	2023017CX9178
Claim Type	Medical
Network	In Network
Patient	Wing Kee Vik(11/13/1982)
Provided By	Newport Urgent Care
Received	Jan. 17, 2023
Processed	Jan. 17, 2023

Office O/p New Mod 45-59 Min \$360.00

Service Date	Jan. 11, 2023	Plan discount	\$222.28
Remarks	*00066, *00135	Allowed by plan	\$137.72
		Plan paid	\$97.72
		What you pay	\$40.00

Your claim code(s):

***00066**

You don't pay the 'Your discount' amount. This is the benefit to using doctors/facilities in one of our plans.

***00135**

This is your copay amount. That's the fixed amount you pay for health care.

Strep A Assay W/optic \$55.00

Service Date	Jan. 11, 2023	Plan discount	\$40.54
Remarks	*00038, *00066	Allowed by plan	\$14.46
		Plan paid	\$0.00
		What you pay	\$14.46

Your claim code(s):

***00038**

This amount has been applied to your deductible. Your deductible is the amount you pay for health care before we start sharing the costs.

***00066**

You don't pay the 'Your discount' amount. This is the benefit to using doctors/facilities in one of our plans.