

Online Claim Submission

Code: SWA
Employer: WA State PEBB
EmpID: 410458415
EmpName: TSAO, AILEEN
Submitted: January 23, 2023
Batch: 29988893
Claim Total: \$117.65
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	12/19/2022	RX	\$117.65	Provider: Kurachi. For whom: Aileen Tsao. 12/19/2022

PATIENT HISTORY REPORT

Date: 01/20/2023

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BARTELL DRUGS # 06908
 BARTELL DRUGS-9600 15TH AVE SW
 9600 15TH AVE SW
 SEATTLE, WA 98106
 (206) 763-2728

12/01/2022 To 01/20/2023

TSAO, AILEEN
 SEATTLE, WA 98106-5101
 (585) 766-7075 DOB: 06/01/1984

Rx #	STORE	CF	RF	DATE	NDC	RPH	MEDICATION	QTY DSP	DAYS SPLY	RETAIL PRICE	AMT PAID
				INSTRUCTION				CLM REF #	PRESCRIBER		
129435	6908	N	0	12/19/2022	00037682210	EK1	PROCTOFOAM-HC 1%-1% FOAM	10.0	30	\$225.99	\$117.65
APPLY ONE APPLICATION TO THE AFFECTED AREA(S) TWO TIMES DAILY - AS NEEDED								6641480212198B	KURACHI, AKIKO L		
TOTAL AMOUNT:										\$225.99	\$117.65

I certify that these medications were dispensed to the above by the order of a physician/licensed medical provider.

Pharmacist's Signature:

Date:

1/20/23

- * quantity in (f) represents full prescription quantity that will be filled and billed when script is completed.
- ** quantity in (f) represent partial quantity that was received by patient and billed.

*****THIS REPORT CONTAINS PATIENT HEALTH INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA LEGISLATION.*****
 *****THIS INFORMATION MUST BE USED AND STORED IN ACCORDANCE WITH OUR COMPANY'S PRIVACY POLICIES.*****

***** END OF REPORT *****