

Online Claim Submission

Code: CUW
Employer: Community Health Center Network
EmpID: 625634074
EmpName: Chen, Xiumei
Submitted: January 18, 2023
Batch: 29925135
Claim Total: \$25.11
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/15/2023	RX	\$25.11	Provider: Kaiser. For whom: Xiumei Chen.



KAISER
PERMANENTE

San Leandro Discharge Pharmacy
2500 Merced St Bldg H RM1346
San Leandro, CA 94577
510-454-3150

1/15/23
Trans.: 2064
Reg.: 005
Cashier: C911949

12:20 PM
Store: 02923
Till: 5001
Sales: C911949

SALE

RX 292300401992 8.20 NY

RX 292300401991 7.46 NY

RX 292300401993 9.45 NY

Subtotal 25.11

Total Sales Tax 0.00

Total 25.11

Credit 25.11

Card: MasterCard

Account: 9110

Auth: 65369P (A)

Entry: Contactless

APPROVED

Mode: ISSUER

AID: A0000000041010

TVR: 0000008001

IAD: 0110A040012200000000000000000000

00FF

ARC: 00

APP: Mastercard

Total Tender 25.11

Change Due 0.00



02923005206420230115