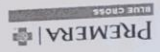


Online Claim Submission

Code: NWC
Employer: NW Cascade, Inc.
EmpID: 541925432
EmpName: Quinlan, Carey
Submitted: January 23, 2023
Batch: 29990899
Claim Total: \$84.28
Attachments: 3

| Line | Service Date(s) | Type | Cost | Notes |
|------|-----------------|------|---------|---|
| 1 | 10/20/2022 | RX | \$84.28 | Provider: express. For whom: c quinlan. |



Claim details

< To claims list

CLAIM

| | |
|-----------------|---------------------|
| CLAIM ID | 861223920200 |
| CLAIM TYPE | Prescription |
| SERVICE/PRODUCT | AMLODIPINE BESYLATE |
| PROVIDER | EXPRESS SCRIPTS |
| MEMBER NAME | CAREY QUINLAN |
| | 11/27/1962 |
| DATE OF SERVICE | 09/20/2022 |
| CLAIM RECEIVED | 09/20/2022 |
| IN PROCESS | 09/20/2022 |
| PROCESSED | 09/20/2022 |

BILLING INFORMATION

| | |
|-----------------------------------|---------|
| AMOUNT BILLED | \$12.18 |
| TOTAL PLAN DISCOUNTS AND PAYMENTS | \$0.00 |
| YOUR RESPONSIBILITY | \$12.18 |

Disagree with a decision about your coverage?
Claims Appeals Process (pdf)

Claim details

< To claims list

| CLAIM | | | |
|-----------------|----------------------|----------------|-----------------|
| DATE OF SERVICE | 09/20/2022 | CLAIM RECEIVED | 09/20/2022 |
| IN PROCESS | 09/20/2022 | PROCESSED | 09/20/2022 |
| MEMBER NAME | CAREY QUINLAN | PROVIDER | EXPRESS SCRIPTS |
| CLAIM ID | 861223763700 | CLAIM TYPE | Prescription |
| SERVICE/PRODUCT | LEVOTHYROXINE SODIUM | | |

BILLING INFORMATION

AMOUNT BILLED \$34.60
 TOTAL PLAN DISCOUNTS AND PAYMENTS \$0.00
 YOUR RESPONSIBILITY \$34.60

Disagree with a decision about your coverage?
 Claims Appeals Process (.pdf) [\[i\]](#)

Claim details

< To claims list

CLAIM

| DATE OF SERVICE | CLAIM RECEIVED | IN PROCESS | PROCESSED | CLAIM ID | PROVIDER | MEMBER NAME | CLAIM TYPE | SERVICE/PRODUCT |
|-----------------|----------------|------------|------------|--------------|-----------------|---------------|--------------|-----------------|
| 09/20/2022 | 09/20/2022 | 09/20/2022 | 09/20/2022 | 861223770100 | EXPRESS SCRIPTS | CAREY QUINLAN | Prescription | IRBESARTAN |
| | | | | | | 11/27/1962 | | |

BILLING INFORMATION

AMOUNT BILLED \$76.16
TOTAL PLAN DISCOUNTS AND PAYMENTS \$38.66
YOUR RESPONSIBILITY \$37.50

Disagree with a decision about your coverage?
Claims Appeals Process (.pdf)