

Online Claim Submission

Code: SWB
Employer: WA State SEBB
EmpID: 534022776
EmpName: SLEETH, AMY
Submitted: January 18, 2023
Batch: 29917420
Claim Total: \$150.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/7/2023	RX	\$150.00	Provider: Kaiser Permanente Pharmacy. For whom: Self (Amy Sleeth).

Kaiser Permanente
Lidgerwood Pharmacy
6002 N Lidgerwood
Spokane, WA 99208
1-888-901-4636

Reference Number: 2023007023-90
Date/Time: 01/07/2023 4:34:15 PM

Willow Payment
2023007028-90-1

Rx

Prescription: 29307915-52

Amount:

\$150.00

Total:

* \$150.00

1 ITEM TOTAL:

\$150.00

* FSA TOTAL:

\$150.00

\$150.00

TOTAL:

\$150.00

Visa Manual

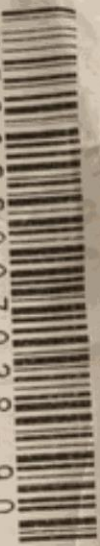
Method: Manual

Card Number: *****1309

Last Name: Sleeth

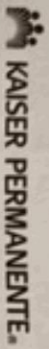
\$150.00

Total Received:



CE2023007028-90

Simplify your life with mail-order
pharmacy. For more information



Kaiser Foundation Health Plan
of Washington

Pharmacy Drug Benefit Help Desk RCA-B2S-01

2921 Naches Ave SW
Renton, WA 98057

www.kp.org/wa

Date: 01/06/2023

Amy J Sleeth
2732 W Lacroisse Ave
Spokane, WA 99205

Member # 02156298

Dear Ms. Sleeth:

Medication or supply: Mounjaro (tirzepatide)

Approval number: KT01062023

We are pleased to notify you that the request for coverage of this medication or supply has been approved. This approval will expire on 12/31/2039.
Your provider has also been notified of the approval.

Please contact the pharmacy directly if you need the prescription filled at this time.

If you would like to request to have your medication sent from Kaiser Permanente Mail Order Pharmacy, please call 1-800-245-7979.

If you have any questions regarding this approval letter please contact Member Services at 206-901-4636 or 1-888-901-4636 (TTY 1-800-833-6388 or 711), Monday through Friday, 8 AM to 5 PM.

Sincerely,

Kaiser Permanente Drug Benefit Help Desk