

Online Claim Submission

Code: YSN
Employer: City of Santa Clara
EmpID: 08272
EmpName: ESTRADA, ERICA
Submitted: January 23, 2023
Batch: 29992286
Claim Total: \$10.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/6/2023	OTC/RX	\$10.00	Provider: Kaiser. For whom: Erica Estrada. Prescriptions



**KAISER
PERMANENTE**

San Jose Family Pharmacy
276 International Circle
San Jose, CA 95113
408-972-6911

1/6/23 6:00 PM
Trans.: 7821 Store: 02635
Reg.: 005 T111: 81V
Cashier: X461474 Sales: X461474

SALE

RX 263102807927 5.00 NV
RX 263502638462 5.00 NV

Subtotal 10.00
Total Sales Tax 0.00

Total 10.00

Credit
Card: Visa
Account: 3324
Auth: 064819 (A)
Entr.: Chip Read

APPROVED

Mode: ISSUER
ATD: A0000000031010
TVR: 8080008008
TAD: 060112034020
TSL:
ARC:
APP:

Initial Tender
Charge D.E



Health
V-Hel