

Online Claim Submission

Code: EXE
Employer: Exelixis, Inc.
EmpID: 556797224
EmpName: Duarte, Robin
Submitted: February 10, 2023
Batch: 30281875
Claim Total: \$11.67
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/6/2023	RX	\$11.67	Provider: Kaiser. For whom: Danny Duarte.



**KAISER
PERMANENTE®**

San Leandro Main Pharmacy
2500 Merced St, Floor 1
San Leandro, CA 94577
510-454-6960

2/6/23
Trans.: 8440
Reg.: 008
Cashier: D324893

2:28 PM
Store: 02921
Till: 008jd
Sales: D324893

SALE

RX 292102797786 11.67 NY

Subtotal 11.67
Total Sales Tax 0.00

Total 11.67

Credit 11.67
Card: Visa
Account: 6580
Auth: 037229 (A)
Entry: Contactless

APPROVED

Mode: ISSUER
AID: A0000000031010
TVR: 0000000000
IAD: 06061203A00000
ARC: 00
APP: VISA DEBIT

Total Tender 11.67

Change Due 0.00



02921008844020230206

Y=Health Care Eligible
Healthcare Eligible Amount 11.67

Healthcare summary above includes items
(and tax) that may be eligible for plan
reimbursement. Restrictions may apply.

Customer Copy



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