Online Claim Submission

Code: IEH

Employer: Inland Empire Health Plan

EmpID: 625105810

EmpName: Emperado, Rebecca

Submitted: February 11, 2023

Batch: 30287696

Claim Total: \$42.91

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/27/2023	RX	\$42.91	Provider: Dr Warren Gabrillo. For whom:
				Rodelio Emperado.

