

## Online Claim Submission

Code: LCE  
Employer: Lacework, Inc.  
EmpID: 048860253  
EmpName: Koppe, David  
Submitted: January 18, 2023  
Batch: 29919611  
Claim Total: \$871.75  
Attachments: 6

Line	Service Date(s)	Type	Cost	Notes
1	9/2/2022	RX	\$871.75	Provider: Rawlings Financial/Blue Cross. For whom: David Koppe. My old insurance company originally processed the claim but then filed a claim that I reimburse them. My new insurance does not cover this cost, so I am submitting this claim for a prescription drug cost of \$871.75 which had been requested by my doctor. I have included the original CVS cost which was paid by Blue Cross, the Claim document, and a receipt to Rawlings Financial showing I reimbursed them



AUDIT NOTICE -- RESPONSE REQUIRED

10/25/2022

DAVID KOPPE  
54 SLEEPY HOLLOW LN  
STAMFORD, CT 06907

Reference Number: H1921589  
Policy End Date: 08/30/2022  
Balance Due: \$ 871.75

Dear DAVID KOPPE,

Why you are  
getting this letter

Anthem Blue Cross was billed for prescriptions after your coverage with Anthem Blue Cross ended. Since you were no longer eligible for coverage, Anthem Blue Cross is due reimbursement of the costs of these prescriptions.

What you need  
to know

Anthem Blue Cross have asked Rawlings Financial Services, LLC (Rawlings) to assist in resolving these overpayments. **Please contact Alex Weakley-Betts at Rawlings 1-888-367-3443 extension 4332** for help with any questions. Hours of operation are Monday - Friday between 8:00 AM and 7:00 PM ET.

How to correct  
the error

- 1) Contact your pharmacy to provide new insurance information and have them re-bill the claims to the correct policy. Upon completion of the rebilling please call Rawlings for audit closure letter.
- 2) Contact Rawlings for payment options or help in getting these claims re-billed to your new Health Insurance.
- 3) Information is listed below for credit card payments. To make payments online, visit [www.RawlingsFinancialServices.com](http://www.RawlingsFinancialServices.com) or scan the QR code to the left with your smart device.



SUMMARY OF PRESCRIPTION BENEFITS PAID AFTER POLICY END DATE

Dates of Fill	Number of Claims Paid	Total Amount Paid
09/02/2022 - 09/02/2022	1	\$ 871.75

-----DETACH HERE AND RETURN WITH PAYMENT -----

Reference Number: H1921589  
Amount Due: \$ 871.75

October 25, 2022

\*\*CREDIT CARD PAYMENTS ACCEPTED - Visa, MasterCard, Amex & Discover only\*\*

Credit Card Number: \_\_\_\_\_  
Billing Address on Card: \_\_\_\_\_

Exp Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV \_\_\_\_  
Phone # \_\_\_\_\_

DAVID KOPPE  
54 SLEEPY HOLLOW LN  
STAMFORD, CT 06907

Anthem Blue Cross  
c/o Rawlings Financial Services LLC  
P.O. Box 2020  
LaGrange, KY 40031-2020

What's Included in this Claim

Claim Number: 222448569896498

<b>Service Date</b> 9/2/2022	<b>Average Retail Price</b>	<b>\$1,059.99</b>
<b>Member</b> David(09/13/1965)	<b>Our Discounted Price</b>	<b>\$896.75</b>
<b>Claim Type</b> Pharmacy	<b>Amount Plan Paid</b>	<b>-\$871.75</b>
<b>Network</b> In-Network	<b>Your Responsibility</b>	<b>\$25.00</b>
<b>Medication Name</b> TRULICITY INJ 0.75/0.5	<b>Plan Savings</b>	<b>\$1,034.99</b>
<b>RX Number</b> 000000000826380		
<b>Prescribed By</b> SANJAY PATEL		
<b>Medication Quantity</b> 2		
<b>Days Supply</b> 30		
<b>Address</b> 1058 Hope St, Stamford, CT 06907-2110		

# Transaction Receipt from Rawlings Financial Services, LLC for \$871.75 (USD)

From: **Auto-Receipt** | noreply@mail.authorize.net

Friday, Nov 18, 4:08 PM

To: **DAVID KOPPE** | WOLVESDAVE@gmail.com

Rawlings Financial Services

Order Information

Description: Goods or Services

Invoice Number 52512

Billing Information

DAVID KOPPE  
54 SLEEPY HOLLOW LN  
STAMFORD, CT 06907  
US  
WOLVESDAVE@GMAIL.COM  
2034706602

Shipping Information

Item	Name	Description	Qty	Taxable	Unit Price	Item Total
98696116	Pharmacy	Reference Number: R1239450	1	N	\$871.75 (USD)	\$871.75 (USD)
Total: \$871.75 (USD)						

Payment Information

Date/Time: 18-Nov-2022 16:08:33 EST  
Transaction ID: 64060822996  
Payment Method: Visa xxxx1180  
Transaction Type: Purchase  
Auth Code: 05008I

Merchant Contact Information

Rawlings Financial Services, LLC  
La Grange, KY 40031  
US  
hmm@rawlingscompany.com  
Thank you for your payment. If you have any questions concerning your payment, please call  
Rawlings Financial Services at 1-888-846-4518



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10/25/2022

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