

## Online Claim Submission

Code: IFC  
Employer: Infinera Corporation  
EmpID: 547553799  
EmpName: Chung, Choon  
Submitted: January 31, 2023  
Batch: 30123099  
Claim Total: \$17.53  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	6/1/2022	RX	\$17.53	Provider: Kaiser Permanente. For whom: Sung.



KAISER  
PERMANENTE®

San Ramon MOB Pharmacy  
2300 Camino Ramon  
San Ramon, CA 94583  
925-244-7440

6/1/22  
Trans.: 3770  
Reg.: 005  
Cashier: D682198

10:27 AM  
Store: 02931  
Till: 005rr  
Sales: D682198

SALE

RX 206100276127 11.67 NY

GS ALCOHOL SWAB 70% #100 BX 5.38 TY

846036003352 2 @ 2.69

Subtotal 17.05

Total Sales Tax 0.48

Total 17.53

Credit 17.53

Card: MasterCard

Account: 7054

Auth: 01337W (A)

Entry: Chip Read

APPROVED

Mode: ISSUER

AID: A0000000041010

TVR: 0000008000

IAD: 0110A040032200000000000000000000

00FF

TSI: E800

ARC: 00

APP: MASTERCARD

Total Tender 17.53

Change Due 0.00



02931005377020220601

Y=Health Care Eligible  
Healthcare Eligible Amount 17.53

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