Online Claim Submission

Code: KDH

Employer: Kaweah Delta Healthcare

EmpID: 552617368

EmpName: Roeben, Debbie

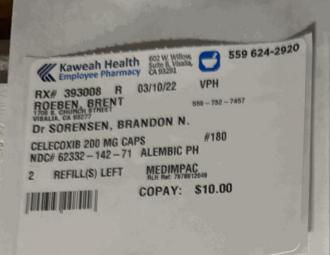
Submitted: January 23, 2023

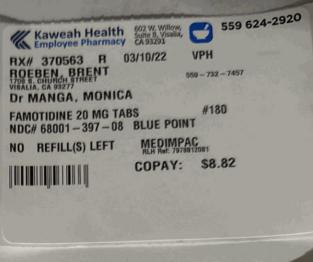
Batch: 29990484

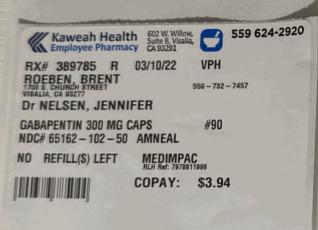
Claim Total: \$35.56

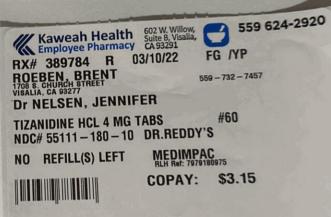
Attachments: 1

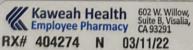
Line	Service Date(s)	Type	Cost	Notes
1	3/10/2022	RX	\$35.56	Provider: Kaweah Health Employee
				Pharmacy. For whom: Brent Roeben.











03/11/22



559 624-2920

ROEBEN, BRENT 1708 S. CHURCH STREET VISALIA, CA 93277

FG /CR

559-732-7457

Dr PAP, ANGELA

VENLAFAXINE HCL ER 75 MG CA #90 NDC# 65862 - 528 - 90 AUROBINDO

REFILL(S) LEFT

MEDIMPAC RLH Ref: 7980669061



COPAY: \$9.65