

## Online Claim Submission

Code: SCO  
Employer: SiTime Corporation  
EmpID: 620322324  
EmpName: Kim, Sally  
Submitted: February 10, 2023  
Batch: 30282291  
Claim Total: \$2.56  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/9/2023	RX	\$2.56	Provider: Walgreen. For whom: Sally Kim.



MEDICAL



PHARMACY

## Your pharmacy claims

For prescription reimbursements  
for a retail pharmacy prescription  
filled **on or after** January 1,  
2021:

[Download Form](#)

Filters

DATE FILLED

From Jan 1, 2023

To Feb 10, 2023

PHARMACY NAME

All

PRESCRIBER NAME

All

DRUG NAME

All

ONLY SHOW CLAIMS APPLIED TO

- ☐ Deductible  
☐ FSA Eligible  
☐ HRA Reimbursed

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 MENTAL HEALTH

CLAIMS

 AT-HOME COVID TEST

CLAIMS

Sally Kim's claims

Everyone

Sally Kim

Justin Prayogo

Daniel Prayogo

Calvin Kim

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Jan

09

2023

Filled Date

NITROFUR MON CAP 100MG

WALGREENS 16090  
Prescribed By: VILLAROMAN, LEO D  
Claim#: 230098074316295  
\$0.00 Deductible \$0.00 HRA  
Reimbursed  
For: Sally Kim

\$1.38

Patient's  
responsibility

Drug Information

Prescription (Rx) #: 0606944  
Drug Type: Generic  
Dispensed quantity: 10.00  
Days' supply: 5  
Dosage form: CAP

Jan

09

2023

Filled Date

PHENAZOPYRID TAB 100MG

WALGREENS 16090  
Prescribed By: VILLAROMAN, LEO D  
Claim#: 230098076052142  
\$0.00 Deductible \$0.00 HRA  
Reimbursed  
For: Sally Kim

\$1.18

Patient's  
responsibility

Drug Information

Prescription (Rx) #: 0606946  
Drug Type: Generic  
Dispensed quantity: 6.00  
Days' supply: 2  
Dosage form: TAB

1  
1

Showing results 1 - 2 of 2

To get financial details about your prescription claims with service dates before January 1, 2021, call the  
Customer Care phone number listed on the back of your [member ID card](#).

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MEDICAL



PHARMACY

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Jan 09 2023 Filled Date	<b>NITROFUR MON CAP 100MG</b>  WALGREENS 16090 Prescribed By: VILLAROMAN, LEO D Claim#: 230098074316295 \$0.00 Deductible    \$0.00 HRA Reimbursed For: Sally Kim	<b>\$1.38</b> Patient's responsibility
<b>Drug Information</b> Prescription (Rx) #: 0606944 Drug Type: Generic Dispensed quantity: 10.00 Days' supply: 5 Dosage form: CAP		
Jan 09 2023 Filled Date	<b>PHENAZOPYRID TAB 100MG</b>  WALGREENS 16090 Prescribed By: VILLAROMAN, LEO D Claim#: 230098076052142 \$0.00 Deductible    \$0.00 HRA Reimbursed For: Sally Kim	<b>\$1.18</b> Patient's responsibility
<b>Drug Information</b> Prescription (Rx) #: 0606946 Drug Type: Generic Dispensed quantity: 6.00 Days' supply: 2 Dosage form: TAB		

1  
1

Showing results 1 - 2 of 2

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