

Online Claim Submission

Code: BOI

Employer: Boise Independent School District

EmpID: 519568749

EmpName: LISTON, JANET

Submitted: January 17, 2023

Batch: 29910272

Claim Total: \$9.56


Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	9/9/2022	RX	\$9.56	Provider: Fred Meyer Pharmacy. For whom: Jeffrey T. Liston.

✓ "Financial totals" includes final claim amounts only. (It does not include original adjusted and pending claim amounts.)


Financial totals (5 claims)	
Amount billed	\$213.80
Your discounted rate	\$26.84
Amount we paid	\$177.40
Amount you may owe	\$9.56
Applies to my deductible	\$0.00
Applies to out-of-pocket max	\$9.56

Claim (1 of 5)


Provider 	
Pharmacy name	Fred Meyer Pharmacy
Pharmacy number	1307152
Prescriber name	Ty Pekelo Waters
Member	
Member name	Jeffrey Liston
Birthdate	11/05/1955
Member ID	001003203
Group number	10004605
Group name	BOISE SCHOOL DISTRICT
Claim	
Prescription number	Not available
Status	Completed
Medication name	Not available
Quantity	90
Date of fill	12/08/2022
NDC number	Not available
Day supply	90
Summary	
Amount billed	\$4.78
Your discounted rate	\$0.00
Amount we paid	\$0.00
Amount you may owe	\$4.78
What this means for my plan	
Applies to my deductible	\$0.00
Copay	\$4.78
Coinsurance	\$0.00
Applies to out-of-pocket max	\$4.78

Other insurance	\$0.00
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Claim (2 of 5)

Provider 	
Pharmacy name	Fred Meyer Pharmacy
Pharmacy number	1307152
Prescriber name	Ty Pekelo Waters
Member	
Member name	Jeffrey Liston
Birthdate	11/05/1955
Member ID	001003203
Group number	10004605
Group name	BOISE SCHOOL DISTRICT
Claim	
Prescription number	Not available
Status	Completed
Medication name	Not available
Quantity	90
Date of fill	12/06/2022
NDC number	Not available
Day supply	90
Summary	
Amount billed	\$2.12
Your discounted rate	\$0.00
Amount we paid	\$2.12
Amount you may owe	\$0.00
What this means for my plan	
Applies to my deductible	\$0.00
Copay	\$0.00
Coinsurance	\$0.00
Applies to out-of-pocket max	\$0.00
Other insurance	\$0.00


Claim (3 of 5)

Provider 	
Provider name	Hamblin, Derek B.
Member	
Member name	Jeffrey Liston
Birthdate	11/05/1955
Member ID	001003203

Group number	10004605
Group name	BOISE SCHOOL DISTRICT
Account with provider	5851561
Claim	
Claim number	E59915039800
Date of service	10/28/2022
Date received	12/02/2022
Date processed	12/19/2022
Status	Completed
Summary	
Amount billed	\$200.00
Your discounted rate	\$26.84
Amount we paid	\$173.16
Amount you may owe	\$0.00
What this means for my plan	
Applies to my deductible	\$0.00
Copay	\$0.00
Coinsurance	\$0.00
Applies to out-of-pocket max	\$0.00
Other insurance	\$0.00
Your provider submitted (Line 1 of 3)	
Date of service	10/28/2022
Type of service	Medical
Diagnosis code	
Diagnosis description	
Procedure code	
PXN	Pricing is based on maximum allowance for the service billed by this provider.
Charge by provider	\$90.00
Not covered	\$0.00
Insurance allowed	\$83.00
Insurance paid	\$83.00
Deductible	\$0.00
Copay	\$0.00
Coinsurance	\$0.00
Other insurance	\$0.00
Amount you may owe	\$0.00
Your provider submitted (Line 2 of 3)	
Date of service	10/28/2022
Type of service	Medical
Diagnosis code	


Diagnosis description	
Procedure code	
Charge by provider	\$60.00
Not covered	\$0.00
Insurance allowed	\$60.00
Insurance paid	\$60.00
Deductible	\$0.00
Copay	\$0.00
Coinsurance	\$0.00
Other insurance	\$0.00
Amount you may owe	\$0.00
Your provider submitted (Line 3 of 3)	
Date of service	10/28/2022
Type of service	Medical
Diagnosis code	
Diagnosis description	
Procedure code	
PXN	Pricing is based on maximum allowance for the service billed by this provider.
Charge by provider	\$50.00
Not covered	\$0.00
Insurance allowed	\$30.16
Insurance paid	\$30.16
Deductible	\$0.00
Copay	\$0.00
Coinsurance	\$0.00
Other insurance	\$0.00
Amount you may owe	\$0.00

Claim (4 of 5)

Provider 	
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Pharmacy number	1307152
Prescriber name	Ty Pekelo Waters
Member	
Member name	Jeffrey Liston
Birthdate	11/05/1955
Member ID	001003203
Group number	10004605
Group name	BOISE SCHOOL DISTRICT
Claim	

Prescription number	Not available
Status	Completed
Medication name	Not available
Quantity	90
Date of fill	09/07/2022
NDC number	Not available
Day supply	90
Summary	
Amount billed	\$4.78
Your discounted rate	\$0.00
Amount we paid	\$0.00
Amount you may owe	\$4.78
What this means for my plan	
Applies to my deductible	\$0.00
Copay	\$4.78
Coinsurance	\$0.00
Applies to out-of-pocket max	\$4.78
Other insurance	\$0.00

Claim (5 of 5)


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Member name	Jeffrey Liston
Birthdate	11/05/1955
Member ID	001003203
Group number	10004605
Group name	BOISE SCHOOL DISTRICT
Claim	
Prescription number	Not available
Status	Completed
Medication name	Not available
Quantity	90
Date of fill	09/07/2022
NDC number	Not available
Day supply	90
Summary	
Amount billed	\$2.12

Your discounted rate	\$0.00
Amount we paid	\$2.12
Amount you may owe	\$0.00
What this means for my plan	
Applies to my deductible	\$0.00
Copay	\$0.00
Coinsurance	\$0.00
Applies to out-of-pocket max	\$0.00
Other insurance	\$0.00

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Other insurance	\$0.00
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Member	
Member name	Jeffrey Liston
Birthdate	11/05/1955
Member ID	001003203
Group number	10004605
Group name	BOISE SCHOOL DISTRICT
Claim	

Prescription number	Not available
Status	Completed
Medication name	Not available
Quantity	90
Date of fill	09/07/2022
NDC number	Not available
Day supply	90
Summary	
Amount billed	\$4.78
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Amount we paid	\$0.00
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