


## Online Claim Submission

Code: KDH  
Employer: Kaweah Delta Healthcare  
EmplID: 552617368  
EmpName: Roeben, Debbie  
Submitted: January 23, 2023  
Batch: 29990556  
Claim Total: \$50.24  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	4/18/2022	RX	\$50.24	Provider: Kaweah Health Employee Pharmacy. For whom: Brent Roeben.

 **Kaweah Health**  
Employee Pharmacy

602 W. Willow,  
Suite B, Visalia,  
CA 93291



559 624-2920

RX# 404240 N 04/18/22 FG /CR

ROEBEN, BRENT

1708 S. CHURCH STREET  
VISALIA, CA 93277

559 - 732 - 7457

Dr PAP, ANGELA


VENLAFAXINE HCL ER 150 MG C #90  
NDC# 68382-036-10 ZYDUS PHAR

3 REFILL(S) LEFT

MEDIMPAC  
RLH Ref: 0020630093

COPAY: \$10.00



 **Kaweah Health**  
Employee Pharmacy

602 W. Willow,  
Suite B, Visalia,  
CA 93291



559 624-2920

RX# 381998 R 04/28/22 VPH

ROEBEN, BRENT

1708 S. CHURCH STREET  
VISALIA, CA 93277

559 - 732 - 7457

Dr MANGA, MONICA


LISINOPRIL 30 MG TAB #90  
NDC# 68001-336-00 BLUE POINT

NO REFILL(S) LEFT

MEDIMPAC  
RLH Ref: 0042007015

COPAY: \$5.24



 **Kaweah Health**  
Employee Pharmacy

602 W. Willow,  
Suite B, Visalia,  
CA 93291



559 624-2920

RX# 409347 N 04/29/22 FG /YP

ROEBEN, BRENT

1708 S. CHURCH STREET  
VISALIA, CA 93277

559 - 732 - 7457

Dr Pap, Angela

LINZESS 290 MCG CAPSULE #90  
NDC# 0456-1202-30 ALLERGAN

3 REFILL(S) LEFT

MEDIMPAC  
RLH Ref: 0045352076

COPAY: \$35.00

