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.)

173 5	100 12 100 100 100 100 100 100 100 100 1	
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	
Сорау	\$4.78	
Coinsurance	\$0.00	
Applies to out-of-pocket max	\$4.78	

Other insurance	\$0.00
	382

Claim (2 of 5)

Pharmacy name Fred Meyer Pharmacy	Provider %		
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 Coinsurance \$0.00 Applies to out-of-pocket max \$0.00		Fred Meyer Pharmacy	
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 Coinsurance \$0.00 Applies to out-of-pocket max \$0.00	Pharmacy number	1307152	
Member name Jeffrey Liston Birthdate 11/05/1955 Member ID 001003203 Group number 10004605 Group name BOISE SCHOOL DISTRICT Claim Prescription number 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	Prescriber name	Ty Pekelo Waters	
Birthdate 11/05/1955 Member ID 001003203 Group number 10004605 Group name BOISE SCHOOL DISTRICT Claim Prescription number 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	Member		
Member ID 001003203 Group number 10004605 Group name BOISE SCHOOL DISTRICT Claim Prescription number 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 Applies to out-of-pocket max \$0.00	Member name	Jeffrey Liston	
Group name 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 Coinsurance \$0.00 Applies to out-of-pocket max \$0.00 Applies to out-of-pocket max	Birthdate	11/05/1955	
Group name Claim Prescription number 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 Amount we paid Amount you may owe What this means for my plan Applies to my deductible Copay Applies to out-of-pocket max Bota available 80.00 BOISE SCHOOL DISTRICT Not available Completed Not available 90 \$2.12/ \$2.12 \$3.00 \$4.12/ \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00 \$5.00	Member ID	001003203	
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 Applies to out-of-pocket max \$0.00 Applies to out-of-pocket max	Group number	10004605	
Prescription number 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 Amount we paid Amount you may owe What this means for my plan Applies to my deductible Coinsurance Applies to out-of-pocket max Not available 90 Sumary 82.12 82.12 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00 80.00	Group name	BOISE SCHOOL DISTRICT	
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	Claim		
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	Prescription number	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	Status	Completed	
Date of fill NDC number Not available Day supply 90 Summary Amount billed \$2.12 Your discounted rate Amount we paid Amount you may owe \$0.00 What this means for my plan Applies to my deductible Copay Coinsurance Applies to out-of-pocket max \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Medication name	Not available	
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 Applies to out-of-pocket max \$0.00 Applies to out-of-pocket max Not available 80.00 \$0.00	Quantity	90	
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	Date of fill	12/06/2022	
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	NDC number	Not available	
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	Day supply	90	
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	Summary		
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	Amount billed	\$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	Your discounted rate	\$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	Amount we paid	\$2.12	
Applies to my deductible \$0.00 Copay \$0.00 Coinsurance \$0.00 Applies to out-of-pocket max \$0.00	Amount you may owe	\$0.00	
Copay \$0.00 Coinsurance \$0.00 Applies to out-of-pocket max \$0.00	What this means for my plan		
Coinsurance \$0.00 Applies to out-of-pocket max \$0.00	Applies to my deductible	\$0.00	
Applies to out-of-pocket max \$0.00	Сорау	\$0.00	
	Coinsurance	\$0.00	
Other insurance \$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	
Сорау	\$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	
Сорау	\$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	
Сорау	\$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	
Сорау	\$0.00	
Coinsurance	\$0.00	
Other insurance	\$0.00	
Amount you may owe	\$0.00	

Claim (4 of 5)

Glaim (4 of 5)		
Provider ^ℓ Θ		
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	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	
Сорау	\$4.78	
Coinsurance	\$0.00	
Applies to out-of-pocket max	\$4.78	
Other insurance	\$0.00	

Claim (5 of 5)

Provider ^ℓ e		
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	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
Сорау	\$0.00
Coinsurance	\$0.00
Applies to out-of-pocket max	\$0.00
Other insurance	\$0.00



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

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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	
Сорау	\$4.78	
Coinsurance	\$0.00	
Applies to out-of-pocket max	\$4.78	

Other insurance	\$0.00
	382

Claim (2 of 5)

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 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	Provider %		
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		Fred Meyer Pharmacy	
Member 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	Pharmacy number	1307152	
Member name Jeffrey Liston Birthdate 11/05/1955 Member ID 001003203 Group number 10004605 Group name BOISE SCHOOL DISTRICT Claim Prescription number 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	Prescriber name	Ty Pekelo Waters	
Birthdate	Member		
Member ID 001003203 Group number 10004605 Group name BOISE SCHOOL DISTRICT Claim Prescription number 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 Applies to out-of-pocket max \$0.00	Member name	Jeffrey Liston	
Group number 10004605 Group name BOISE SCHOOL DISTRICT Claim Prescription number 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	Birthdate	11/05/1955	
Group name Claim Prescription number Status Completed Medication name Not available Quantity 90 Date of fill 12/06/2022 NDC number Day supply 90 Summary Amount billed \$2.12 Your discounted rate Amount we paid Amount you may owe What this means for my plan Applies to my deductible Copay Applies to out-of-pocket max Status Not available 12/06/2022 Not available 90 \$2.12 \$3.00 \$4.12 \$5.00	Member ID	001003203	
Claim Prescription number 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 Amount we paid Amount you may owe What this means for my plan Applies to my deductible Copay Applies to out-of-pocket max Not available 90 \$2.12 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Applies to out-of-pocket max \$0.00	Group number	10004605	
Prescription number 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 Amount we paid Amount you may owe What this means for my plan Applies to my deductible Copay Coinsurance Applies to out-of-pocket max Sound Completed Not available 90 82.12 82.12 80.00 80.00 What this means for my plan Sound	Group name	BOISE SCHOOL DISTRICT	
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	Claim		
Medication name Quantity 90 Date of fill 12/06/2022 NDC number Not available Day supply 90 Summary Amount billed Your discounted rate Amount we paid Amount you may owe What this means for my plan Applies to my deductible Copay Coinsurance Applies to out-of-pocket max Not available Not available Sunday Sumary	Prescription number	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	Status	Completed	
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 Applies to my deductible \$0.00 Applies to out-of-pocket max \$0.00 Applies to out-of-pocket max \$0.00 Applies to out-of-pocket max \$0.00 Applies to my deductible \$0.00 Applies to out-of-pocket max \$0.00 Applies to out-of-pocket max \$0.00 Applies to my deductible \$0.00 Applies to out-of-pocket max \$0.00 Applies to out-of-pocket max \$0.00 Applies to my deductible \$0.00 Applies to out-of-pocket max \$0.00 Applies to out-of-pocket max \$0.00 Applies to my deductible \$0.00 Applies to out-of-pocket max \$0.00 Applies to my deductible \$0.00 Applies to out-of-pocket max \$0.00 Applies to my deductible \$0.00 Applies to my deductible \$0.00 Applies to out-of-pocket max \$0.00 Applies to my deductible \$0.00 Applies to out-of-pocket max \$0.00 Applies to my deductible \$0.00 Applies to out-of-pocket max \$0.00 Applies to my deductible \$0.00 Applies to my deductible \$0.00 Applies to out-of-pocket max \$0.00 Applies to my deductible \$0.00 Applies to out-of-pocket max \$0.00 Applies to my deductible \$0.00 Applies to out-of-pocket max \$0.00 Applies to out-o	Medication name	Not available	
NDC number Day supply Summary Amount billed Your discounted rate Amount we paid Amount you may owe What this means for my plan Applies to my deductible Copay Coinsurance Applies to out-of-pocket max Not available 90 82.12 90 \$2.12 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Quantity	90	
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	Date of fill	12/06/2022	
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	NDC number	Not available	
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	Day supply	90	
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	Summary		
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	Amount billed	\$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	Your discounted rate	\$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	Amount we paid	\$2.12	
Applies to my deductible \$0.00 Copay \$0.00 Coinsurance \$0.00 Applies to out-of-pocket max \$0.00	Amount you may owe	\$0.00	
Copay \$0.00 Coinsurance \$0.00 Applies to out-of-pocket max \$0.00	What this means for my plan		
Coinsurance \$0.00 Applies to out-of-pocket max \$0.00	Applies to my deductible	\$0.00	
Applies to out-of-pocket max \$0.00	Сорау	\$0.00	
	Coinsurance	\$0.00	
Other insurance \$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
Сорау	\$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
Сорау	\$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	
Сорау	\$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	
Сорау	\$0.00	
Coinsurance	\$0.00	
Other insurance	\$0.00	
Amount you may owe	\$0.00	

Claim (4 of 5)

Olaim (4 of 5)		
Provider ^ℓ Θ		
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	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
Сорау	\$4.78
Coinsurance	\$0.00
Applies to out-of-pocket max	\$4.78
Other insurance	\$0.00

Claim (5 of 5)

Provider ∕6	Provider ⁶ ⊕	
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	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
Сорау	\$0.00
Coinsurance	\$0.00
Applies to out-of-pocket max	\$0.00
Other insurance	\$0.00