


Online Claim Submission

Code: FUT
Employer: Futurewei Technologies, Inc.
EmpID: 017889779
EmpName: Lin, Zongfang
Submitted: January 23, 2023
Batch: 29991528
Claim Total: \$20.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/11/2023	RX	\$20.00	Provider: dr jiayi li. For whom: zongfang.

Payment due

Keep the top portion of this page for your records.

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Pharmacy

Invoice number: 17-303117556
Plan member: ZONGFANG LIN
Group number: PD1-NQNC
As of: 01/11/2023

Your payment summary information

Cost for this package	\$ 20.00
Payment(s)/adjustment(s) applied	\$ 0.00
Shipping Cost	FREE

Total amount due **\$ 20.00**

Future orders may be held if you have an unpaid balance.

Please disregard if you have already paid this amount.

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Mail a check, money order or credit card payment and include your payment slip (below)


✂ Cut this slip at the dotted line and return with your payment in the **BLUE** envelope.

Payment Slip

Choose your payment method on the back of this form.

8091



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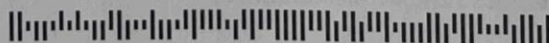
Plan member: ZONGFANG LIN
Group number: PD1-NQNC
Invoice number: 17-303117556
As of: 01/11/2023

Total amount due (upon receipt): **\$ 20.00**

Amount enclosed: \$ _____



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Chicago, IL 60680-1055



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ORD #: 0003658786701

