

Online Claim Submission

Code: SWA
Employer: WA State PEBB
EmpID: 539967818
EmpName: WHEELER, NOLAN
Submitted: February 10, 2023
Batch: 30283488
Claim Total: \$11.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/7/2023	RX	\$11.00	Provider: Kaiser. For whom: Nolan.

Kaiser Permanente Mail Order Pharmacy

5725 NE 138th Ave
Portland, OR 97230

(800) 548-9809

8am - 5:30pm Monday - Friday

NOLAN K WHEELER

152 VIEWCREST DR
CASTLE ROCK, WA 98611

ORDER:10649054273 2/7/23 09:54 AM

Name: Nolan K Wheeler

Medical Record Number: *****1269

RX Number	Med Qty	Medication Name			NDC Number	KP Retail	Your Price	
4066 0912 5443	90	ATORVASTATIN 40 MG TABLET			72205002499	\$11.00	F \$11.00	
Payment Type		CardType	Card#	ExpDate	TransactionID	Auth#	TransType	Amount
PAYMENT CARD		VISA	0653	****	230207175527	095526	Purchase	\$11.00

Check out online features available by signing on to kp.org

- **Check order status and track delivery:** 24 hrs/day: kp.org/refills or via our mobile app
- **Go paperless:** Get health documents on-line: Set your preferences at kp.org/paperless
- **Get notifications:** Sign up for text or email messages: Update notification preferences at checkout at kp.org/refills

Get your COVID-19 vaccine to help protect yourself and your loved ones.
Visit kp.org or call our appointment center today.

Total Prescription Price: \$11.00

Sales Tax: \$0.00

Shipping Cost: \$0.00

Your Order Total: \$11.00

Payment Balance Due: \$0.00

State law prohibits the return of Rx items to pharmacy stock. All sales are final.

The Mail Order Pharmacy provides prescription consultation services to all our patients. To request a consultation with a pharmacist concerning your medications, please call the pharmacy at 1-800-548-9809.

Call your doctor for medical advice about side effects. You may report your side effects to FDA at 1-800-FDA-1088.

A less expensive alternative may be available to you. Please ask your pharmacist.

To cancel your mail order, please call us at 1-800-548-9809. We are normally able to cancel an order until it has been processed, prior to shipping.

F= Health Flexible Spending Card Eligible. Item may be eligible to be applied to Healthcare Spending Card Account. Save this receipt and check your plan for details.

Intended to improve health care Oregon state law requires pharmacies to report on certain prescriptions. Contact www.orpdmp.com or 971-673-0741 for Prescription Monitoring Program info.

For visually-impaired or blind patients, large font labels and prescription reading devices are available upon request.

Thank you for using the Kaiser Permanente Mail Order Pharmacy.