

Online Claim Submission

Code: SWB
Employer: WA State SEBB
EmpID: 533802996
EmpName: Coffey, Kristi
Submitted: February 10, 2023
Batch: 30282609
Claim Total: \$163.88
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/5/2023	RX	\$20.00	Provider: Express Scripts. For whom: Joel Coffey.
2	2/2/2023	GENERAL	\$35.00	Provider: Island Primary Care. For whom: Joel Coffey.
3	1/3/2023	GENERAL	\$108.88	Provider: Skagit Regional Health. For whom: Joel Coffey.



Express Scripts[®] Pharmacy

Invoice

Review your order.

Invoice number: 12-093157220
Order number: 0003657509949
Plan member: JOEL COFFEY
Order process date: 01/05/2023

Your payment summary information

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



Want to avoid the clutter of all the paperwork that comes with your medicine? Now, you can get most of these papers online! You'll get instant access to your invoice, refill forms and other key messages about your medicine. To sign up, just go to: express-scripts.com/green.

Medication information	What you need to do next	You pay
JOEL COFFEY CARVEDILOL TABS Strength: 25MG Qty: 270 Rx # 222800712512 NDC # 65862-0145-01	You have 2 refill(s) before 09/14/2023. We will process and ship your next refill, automatically.*	\$ 20.00

* If your prescription or shipping address changes, or you need to reschedule or cancel the order, contact us at least 48 hours before the date above at express-scripts.com/rx or 800.334.8134.



800.334.8134

24/7 access to pharmacists who are ready to help you with your medications.



express-scripts.com/rx

First-time visitors please register. Have your ID # and a recent prescription number handy.

All items sold by Express Scripts Pharmacy are FSA eligible IAS items.

Payment notes

- Amount charged to your debit or credit card: \$ 20.00.



Island Primary Care - M Avenue2511 M Avenue, Suite B
Anacortes, WA 98221**--- APPROVED ---****Date** Feb 2 2023 11:21:13 AM
Type Credit Card - Sale**First** JOEL
Last COFFEY
Account Number AC03695780**Authorization Amount** \$35.00
Authorization Code 063387
Card Holder Name
Card Type VISA
Card Number *****1981
Card Entry Mode Keyed
Response Message Code Approval (00) 000
Mode Issuer

I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO MY CARD HOLDER AGREEMENT.

X
(Signature)



Guarantor Acct #: 77136
Responsible party: Joel S Coffey
Statement date: January 16, 2023

Thank you for choosing Skagit Regional Health

Please submit payment of \$108.88 by February 14, 2023 or call us at 360-814-7575 if you would like to make payment arrangements. To make payments online, please go to SkagitRegionalHealth.org/MyChart. Interest of 0.75% will be applied on all subsequent statements.

If you need help paying your bill, whether or not you have insurance, Skagit Regional Health offers a Financial Assistance Program to assist qualified patients. Please contact us to learn more: 360-814-7575 or <http://www.skagitregionalhealth.org/patients-and-visitors/for-patients/financial-billing-and-insurance-information>.

Si necesita ayuda para pagar su factura, tenga o no seguro, Skagit Regional Health ofrece un programa de asistencia financiera para ayudar a los pacientes que califiquen. Comuníquese con nosotros para obtener más información; llame al 360-814-7575 o ingrese en <http://www.skagitregionalhealth.org/patients-and-visitors/for-patients/financial-billing-and-insurance-information>.

Account Summary

Total Charges	207.00
Insurance Payments	-98.12
Your Payments / Interest Applied	0.00
Your current balance	108.88
Amount due by February 14, 2023	\$108.88

Pay by Mail

Complete the form below and return in the enclosed envelope.



The easiest way to view your statements, make payments, schedule appointments, and more!

SkagitRegionalHealth.org/MyChart

Pay by Phone

Call 360-814-7575 to pay by credit or debit card 8 AM to 4:30 PM Monday through Friday.

Detach the bottom portion to return with your payment.

Card Type (Please Circle)



Cardholder		
Card #	Exp Date	Sec Code
Signature		

Due By February 14, 2023	You Owe \$108.88	Amount Enclosed \$
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Make checks payable to Skagit Regional Health
Guarantor Account Number 77136
Mail Payment To

Skagit Regional Health
P.O. Box 1376
Mount Vernon, WA 98273-1376

Return Service Requested

My address or insurance information has changed. I have written these changes on the back of this form.

Addressee

JOEL S COFFEY
4863 MONKEY HILL RD
OAK HARBOR, WA 98277-9771

SKAGIT REGIONAL HEALTH
PO BOX 35187
SEATTLE, WA 98124-5187

000000077136 4 00010888 7

658769 (PC2)



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Other Accounts

Date	Description	Charges	Pmts/Adjs	Patient Balance
	Physician Services for Yelena K. Rosenberg, MD in SRC MV CARDIOLOGY Patient Name Coffey, Joel S January 03, 2023		Acct #1006992253	
1/3/2023	Interrogation Eval Remote </90 D 1/2/Mlt Ld Dfb	132.00		
1/3/2023	Rem Interrog Pm/Ldls Pm/lds <90 D Phys/Qhp	75.00		
	Total Charges	207.00		
1/16/2023	Regence Insurance Payment - CLM #7744749901 Deductible: 108.88		0.00	
1/16/2023	Regence Adjustments		98.12	
	Total Insurance Payments and Adjustments		98.12	
	Your Responsibility			\$108.88

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