

Online Claim Submission

Code: SWA
Employer: WA State PEBB
EmpID: 498725906
EmpName: KELLY, LAUREL
Submitted: January 18, 2023
Batch: 29917910
Claim Total: \$372.00
Attachments: 4

| Line | Service Date(s) | Type | Cost | Notes |
|------|-----------------|--------|----------|---|
| 1 | 1/3/2023 | RX | \$225.00 | Provider: Rite aid. For whom: laurel Kelly. Prescription |
| 2 | 1/5/2023 | VISION | \$147.00 | Provider: Tumwater Eye Center. For whom: Benjamin Kelly. Contact and exam |

Tumwater Eye Center
 6510 Capitol Blvd SE
 Tumwater, WA 98501-5566
 Call/Text: (360) 352-6060
 Fax: (360)357-7339

TUMWATER EYE CENTER

Douglas N Jeske, O.D.
 Devin Finch, O.D.
www.tumwatereye.com

Invoice: 47450
 Patient: Kelly, Benjamin
 Provider: Dr. Jeske, Douglas

Date of Service: 01/05/2023

Benjamin Kelly
 613 E DRACHMAN ST
 TUCSON, AZ 85705

| Diagnosis | Description |
|-----------|-------------------|
| H52.13 | Myopia, bilateral |

| Bill Code | Proc Code | Description | Insurance | Amount | Insur | Patient |
|----------------|-----------|--|-----------|----------|-----------------|---------------|
| CLS Bioli... | V2520 | Qnt 2: Biofinity SPH, Contact lens, h... | *VSP | 112.00 | 38.00 | 74.00 |
| CLS Bioli... | V2520 | Qnt 2: Biofinity SPH, Contact lens, h... | *VSP | 112.00 | 112.00 | 0.00 |
| 01/05/2023 | | Patient - Credit Card Visa [8811] Exp... | | -147.00 | 0.00 | -147.00 |
| 01/05/2023 | | Pay for Invoice #47448 1/5/2023 | | 73.00 | 0.00 | 73.00 |
| Balance | | Invoice Balance: | | \$150.00 | \$150.00 | \$0.00 |
| | | Previous Balance: | | | \$477.00 | \$0.00 |
| | | Overall Balance: | | | \$627.00 | \$0.00 |

ALL SALES FINAL. Orders are processed at the time of payment and cannot be cancelled. Insurance and vision plan information must be provided on date of service as claims are not submitted retroactively. Insurance payments quoted are estimates.



Store #05280
8230 MARTIN WAY E.
LACEY, WA 98513
(360) 456-0444

Register #1 Transaction #749115
Cashier #52807824 1/03/23 2:13PM

1 SCANNED PHARMACY 225.00 H
Rx #1434290

1 Items Subtotal \$225.00
Tax .00 T
Total \$225.00

AMEX SALE \$225.00
AMEX card * #XXXXXXXXXX3875
App # AUTO
Ref # 577003
Entry Method: Chip

Application Label: AMEX
AID: A000000025010402
TVR: 0000008000
TSI: E800
AC: 30EB33B2A8D2F4F0
ARC: 00

Tendered \$225.00
Cash. Change \$.00

Welcome to Rite Aid Rewards!

its can call

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al and lab

dose, take
of your
t double

RITE AID-8230 MARTIN WAY E
8230 MARTIN WAY EAST
LACEY, WA 98516-5726

(360) 456-0444
Store DEA : BT5159529
RPH : FIN

Rx 05280 1434290

KELLY, LAUREL A

Date Filled : 12/27/2022

(253) 376-2982

5809 TITLEIST LN SE APT J 2
LACEY, WA 98513

MYRBETRIQ ER 50 MG TABLET

NDC : 00469-2602-30 QTY : 90

DAW : 0
DAYS SUPPLY : 90

MARKLE-PRICE, DANIELLE MD
408 LILLY RD NE, SUITE A1
OLYMPIA, WA 98506

REFILL 3 TIMES UNTIL 12/25/2023

NAVITUS HEALTH SOLUTIONS(BIN#610602 PCN:

GRP: 10008217

CLM REF#: 3660061212272E

U&C: \$1,685.99

PAY: \$225.00

MEDICATION WARNINGS

SWALLOW WHOLE. DO NOT CHEW OR CRUSH.

MAY CAUSE DIZZINESS

THIS DRUG MAY IMPAIR THE ABILITY TO OPERATE A VEHICLE, VESSEL (E.G., BOAT), OR MACHINERY. USE CARE UNTIL YOU BECOME FAMILIAR WITH ITS EFFECTS.

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