Online Claim Submission

Code: SC1

Employer: Seattle Childrens

EmpID: 120349

EmpName: Vamos, Andrew

Submitted: January 17, 2023

Batch: 29910799

Claim Total: $336.00

Attachments: 4

Line	Service Date(s)	Type	Cost	Notes
1	8/31/2022	RX	$15.00	Provider: bartell drugs. For whom: andrew vamos.
2	9/7/2022	GENERAL	$321.00	Provider: lake washington anesthesia. For whom: andrew vamos.

BARTELL DRUGS

Store #06936
1001 Mercer Street
Seattle, WA 98109
(206) 223-1104

Register #7 Transaction #33556
Cashier #69360689 8/31/22 5:51PM

1 SCANNED PHARMACY 15.00 H
Rx #35112

1 Items Subtotal $15.00
Tax $.00
Total $15.00
VISA SALE $15.00
VISA card * #XXXXXXXXXXXX8167
App #AA APPROVAL AUTO
Ref # 03006C
Entry Method: Chip

Application Label: VISA CREDIT
AID: A0000000031010
TVR: 0880008000
TSI: E800
AC: D4B1BA2D3BDD0791
ARC: 00

Tendered $15.00
Cash Change $.00

THANK YOU FOR SHOPPING AT BARTELL DRUGS
You were served by JACQUELINE today.

H - Health FSA *

Health FSA benefit total 15.00

* The health FSA benefit total includes items that may be eligible for reimbursement from a participating FSA (Flexible Spending Account) health plan. Contact your plan administrator for details.

****

We want to hear about your shopping experience.

Tell us by entering the code below.

wecare.bartelldrugs.com

0831 1706 9360 7562

See reverse for details.

****

****

Turn receipt over for preprinted terms and conditions applicable to Coupon Redemption, Return Policy, Survey and Hearing or Speech disabled, and Customer Care.

****

Part of Pacific Northwest communities for over 130 years. Locals supporting Locals.

bartelldrugs.com

5

LAKE WASHINGTON ANESTHESIA PLLC

Pay by credit card online anytime, day or night!
https://www.peryourhealth.com

Statement Date: 11/10/22
Responsible Party: ANDREW VAMOS
Account Number: 6919*24526.1
Due Date: Upon Receipt

Patient: ANDREW VAMOS | Site of Service: FREEMONT ENDOSCOPY CENTER | Primary: REGENCE BS OF WA
Account: 6919*24526.1 | Refer Prov: PRAVEEN GUTURU MD | Secondary: PREMERA BLUE CR

Service Dt.	Provider	Service Description	Charges	Payments	Adjustments	You Owe
09/07/22	SUTTON	45380P2 COLONOSCOPY, FLEXIBLE; WITH BIOP	1440.00			
		PREMERA BLUE CROSS			-1119.00	
		321.00 Applied to Deductible.				321.00

Total Amount You Owe
$321.00

000008244-B

Please be aware that the above summary represents Anesthesiology services from your medical provider. You may receive a separate statement for services provided by the hospital.

CHANGE OF: ☐ Address ☐ Primary Insurance ☐ Supplemental Insurance
Complete this form or go online to https://www.peryourhealth.com to make changes.

ANDREW VAMOS
6919*24526.1

New Patient Address, City, State, Zip			New Phone#
Primary Policy Holder Name	Policy Holder Date of Birth ___/___/___		Relationship to Patient
Policy Identification	Group Identification	Plan Code	Policy Effective Date ___/___/___
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group insurance, name of group (employer/union/association)		
Supplemental Policy Holder Name	Policy Holder Date of Birth ___/___/___		Relationship to Patient
Policy Identification	Group Identification	Plan Code	Policy Effective Date ___/___/___
Insurance Company Name	Address, City, State, Zip		
Insurance Phone#	If Group insurance, name of group (employer/union/association)		
Work connected Illness or Injury? ☐ Yes ☐ No	Auto Accident? ☐ Yes ☐ No	Date of Onset or Accident ___/___/___	
Employer Name	Address, City, State, Zip		

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Employer Name	Address, City, State, Zip		