# Online Claim Submission

Code: AVF

Employer: Advancial Federal Credit Union

EmpID: 455295192

EmpName: Sandford, Kemberly

Submitted: January 18, 2023

Batch: 29917518

Claim Total: \$176.00

Attachments: 1

Line	Service Date(s)	Туре	Cost	Notes
1	6/9/2022	RX	\$88.00	Provider: PharmacyRXWorld. For whom:
				robert sandford. Resubmitted with better copy
2	2/16/2022	RX	\$88.00	Provider: PharmacyRXWorld. For whom:
9				robert sandford. Resubmitted with better copy

### REQUEST FOR ADDITIONAL INFORMATION OR NOTICE OF ADVERSE DETERMINATION

This document serves as a request for additional information and/or a denial, in whole or in part, for the requested reimbursement as indicated below. Any requested information must be submitted within 45 days of your receipt of this notice. We presume you will receive this notice within five days of the date above. If we do not receive the requested information within the timeframe indicated that portion of your claim shall be considered denied.

To: Sandford, Kemberly 1100 Heather Cir Cedar Hill, TX 75104

Employer: Advancial Federal Credit Union

Claimed amount \$290.20

We have approved \$114.20

We are denying \$176.00

Denied item(s):

Service date(s): 2/16/2022 Amount: \$88.00

The documentation submitted was illegible and we were not able to see the type of service, date of service, and total cost incurred. Please resubmit a legible copy of your documentation that includes the date of service, type of service, and cost.

Service date(s): 6/9/2022 Amount: \$88.00

The documentation submitted was illegible and we were not able to see the type of service, date of service, and total cost incurred. Please resubmit a legible copy of your documentation that includes the date of service, type of service, and cost.

Jeric Fidel (425) 452-3500 csclaims@naviabenefits.com

### BETTER COPIES BELOW.





Toll-Free Tel: 1-866-401-3784 Toll-Free Fax: 1-866-405-3784 Dispensed by Fourway Pharmacy in United Kingdom

# PharmacyRWorld

2440873 ORDER#: PATIENT #: 951901

ORDER DATE: 2/16/2022 Thank you for placing your order with us. The medications contained in this package have been shipped to you from our international prescription fulfillment center. We want to acknowledge that your expressed consent was obtained in order to allow us to send your medications from our international fulfillment center prior to our dispensing of this product.

SHIP TO: Robert Sandford II

1100 Heather Circle
Cedar HIII, TX 75104 US
Tel: 972-765-7598

BILL TO: Robert Sandford li 1100 Heather Circle Cedar Hill, TX 75104 US Tel: 972-765-7598

TRANSACTION	DATE BILLED	DESCRIPTION	QUANTITY	
3007780	02/16/2022	Pariet (Rabeprazole Sodium) 20mg	84.00	AMOUNT
	02/16/2022	Shipping Charge	04.00	\$88.00
	02/16/2022	eCheck Payment F20784725		\$0.00
				(\$88.00)

### IN THIS SHIPMENT

IIEM#	DESCRIPTION	QUANTITY	COUNTRY OF ORIGIN
1	Pariet (Rabeprazole Sodium) 20mg	84.00 Tablet(s)	United Kingdom

# PRESCRIPTION RECEIPT 02-17-2022 ROBERT SANDFORD II Pariet (Rabeprazole Sodium) 20mg

84.00 Tablet(s) 0.00 ref of 84.00 Dr. Mike Dilks

