

Online Claim Submission

Code: ST1

Employer: Tilth Alliance

EmpID: 623967083

EmpName: Bonilla, Zabrina

Submitted: January 23, 2023

Batch: 29989630

Claim Total: \$36.99

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/10/2023	RX	\$15.00	Provider: Dr. Reena Grewal. For whom: Zabrina Bonilla. Prescription
2	1/20/2023	OTC	\$21.99	Provider: N/A. For whom: Zabrina Bonilla. Sunscreen Purchase

PCC COMMUNITY MARKETS

PCC Green Lake Village
450 NE 71st St
Seattle, WA 98115
(206) 729-5075

#014-016 1/20/2023 09:36:35 Terminal 1
Inv#: 00164833 Trsf: 191052 Card: 40002033610 1
CompID: 334945

DELI GROUP \$4.25 11
MATCHA LATTE
HBC GROUP
EL HERB SUNSCREEN \$21.99 11

Items Subtotal \$26.24
Subtotal \$26.24
Sales Tax [\$26.24] \$2.69

TOTAL \$28.93
Visa \$28.93
*****7153
Balance \$0.00

Item count 2

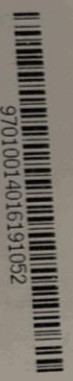
01/20/2023 09:36:23
US DEBIT Entry Method: Cntless
CARD #: XXXXXXXXXXXX7153
PURCHASE - APPROVED
AUTH CODE: 573100

Mode: Issuer
AID: A00000000980840
TVR: 000000000000
IAD: 06011203A00000
TSI: 0000 ARC: 00
TC: DA592189F59A9897
MID: 000000 TID: 001 RRN: 161594

Total: USD\$ 28.93

This purchase applies to your annual dividend. Some restrictions apply. For more information, please visit our website: pccmarkets.com/membership.

Return Policy Update:
Items purchased at PCC may be returned within 30 days for a refund or exchange. Please save your receipt, which may be required. Some rules or exceptions may apply. Perishable and bulk items will not be accepted with the exception of quality concerns.



97010014016191052

TOTAL
Visa

Balance
Item count

01/20/2023
US DEBIT
CARD #:
PURCHASE
AUTH CODE:

Mode:
AID:
TVR:
IAD:
TST: 00
TC:
MID: 0000
Total:

Item
divi
we

Item
withi
plea
requ
appl
not



Kaiser Permanente
Lynnwood Pharmacy
20200 54th Ave W
Lynnwood, WA 98036
1-888-901-4636

Reference Number: 2023010008-121
Date/Time: 01/10/2023 4:19:54 PM

Willow Payment
2023010008-121-1

Rx

Prescription: 29380520-07
Amount: \$15.00

Total: * \$15.00

ID and DOB Capture
2023010008-121-3
Total: \$0.00

2 ITEMS TOTAL: \$15.00

* FSA TOTAL: \$15.00

TOTAL:

Visa Contactless

Method: Contactless

Card Number: *****7153

Payment Type: credit

Total Received: \$15.00



CE2023010008-121

Simplify your life with mail-order pharmacy. For more information about mail-order pharmacy call 1-800-245-7979 (TTY Relay 711).

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

FDA has extended the shelf life for iHealth COVID Home Test Kits. Visit ihealthlabs.com and click on news for details.