

Online Claim Submission

Code: LLN
Employer: City of Lincoln
EmpID: 508968544
EmpName: Daake, John
Submitted: January 17, 2023
Batch: 29910539
Claim Total: \$11.28
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	12/9/2022	RX	\$11.28	Provider: Walgreens. For whom: John. claims per Aetna website for prescription drugs

Claims

We display claims for the past two years from today's date. For info on an older claim, call the number on your Member ID card.

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Filters

1-8 of 8 claims

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Member

John (Self)

Claim Type

Pharmacy

Date Range




Last 180 days

Provider, Facility or Rx

All

Claim Status

All

	Lisinop/hctz Tab 20-12.5 Visited on Jan 6, 2023 For John (Self)	Drug cost \$1.28	Your plan paid \$0.00	Total amount you may owe \$1.28	→
	Omeprazole Cap 40mg Visited on Jan 6, 2023 For John (Self)	Drug cost \$5.92	Your plan paid \$0.92	Total amount you may owe \$5.00	→
	Omeprazole Cap 40mg Visited on Dec 9, 2022 For John (Self)	Drug cost \$5.92	Your plan paid \$0.92	Total amount you may owe \$5.00	→

Claims

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Filters

1-8 of 8 claims

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Member John (Self) ▾	<div><div><div><div><div><div></div></div></div><div><div><div>Lisinop/hctz Tab 20-12.5</div><div>Visited on Jan 6, 2023</div><div>For John (Self)</div></div></div></div><div><div>Drug cost</div><div>\$1.28</div></div><div><div>Your plan paid</div><div>\$0.00</div></div><div><div>Total amount you may owe</div><div>\$1.28</div></div><div><div>→</div></div></div></div>
Claim Type Pharmacy ▾	<div><div><div><div><div><div></div></div></div><div><div><div>Omeprazole Cap 40mg</div><div>Visited on Jan 6, 2023</div><div>For John (Self)</div></div></div></div><div><div>Drug cost</div><div>\$5.92</div></div><div><div>Your plan paid</div><div>\$0.92</div></div><div><div>Total amount you may owe</div><div>\$5.00</div></div><div><div>→</div></div></div></div>
Date Range Last 180 days ▾	<div><div><div><div><div><div></div></div></div><div><div><div>Omeprazole Cap 40mg</div><div>Visited on Dec 9, 2022</div><div>For John (Self)</div></div></div></div><div><div>Drug cost</div><div>\$5.92</div></div><div><div>Your plan paid</div><div>\$0.92</div></div><div><div>Total amount you may owe</div><div>\$5.00</div></div><div><div>→</div></div></div></div>
Provider, Facility or Rx All ▾	
Claim Status All ▾	