

Online Claim Submission

Code: OKT
Employer: Okta, Inc
EmpID: 223946207
EmpName: An, Kyong
Submitted: January 23, 2023
Batch: 29988872
Claim Total: \$659.82
Attachments: 10

Line	Service Date(s)	Type	Cost	Notes
1	1/1/2022	RX	\$659.82	Provider: Walgreens. For whom: Kyong An. On page 10 is a summary of all charges. \$659.82.

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950

Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133

Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1564536-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$199.86	70010-0491-05	KAW	SEBASTIAN, G.	CABS / 223441885671292999	12/10/22	327.000	7.03
					Total Fillings: 1	Subtotal:	327.000	7.03
1564641-01084	ALBUTEROL HFA INH (200 PUFFS)8.5GM Your insurance saved you \$34.99	00093-3174-31	KKS	SEBASTIAN, G.	CABS / 223446244291365997	12/10/22	8.500	10.00
					Total Fillings: 1	Subtotal:	8.500	10.00
					Total Scripts: 48	Total Price:	659.82	
					Using generics saved you a total of	0.00		
					Using more generics could have saved you a total of	0.00		
					Your insurance saved you a total of	11926.86		
					Your cash quantity discount saved you a total of	0.00		

The Manager and Staff at Walgreens
Thank You For Your Patronage

For your convenience, this information is available online at www.walgreens.com
Ask our pharmacy staff for more information.

Please be aware that certain insurance claim information may not be included in this report. Please speak with a pharmacy staff member if you have questions regarding payments for your prescriptions.

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950

Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133

Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M
Allergy Conditions: <ALLERGY HISTORY NOT KNOWN>
Health Conditions: We have health conditions on file

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref(s)	Date of Service	Quantity	Price
1377294-01084	BREO ELLIPTA 100-25MCG ORAL INH (30) Your insurance saved you \$443.99	00173-0859-10	FAR	ASSEM, S.	CABS / 220385230024188999	02/07/22	60.000	20.00
					Total Fillings: 1	Subtotal:	60.000	20.00
1464364-01084	ALBUTEROL HFA INH (200 PUFFS) 8.5GM Your insurance saved you \$34.99	00093-3174-31	FAR	HOUGHTON, A.	CABS / 220385212936102999	02/07/22	8.500	10.00
					Total Fillings: 1	Subtotal:	8.500	10.00
1476035-01084	SUTAB TABLETS Your insurance saved you \$137.99	52268-0201-01	KKS	BRYANT, M.	THFRT / U22031N498G100	01/31/22	24.000	50.00
					Total Fillings: 1	Subtotal:	24.000	50.00
1487015-01084	ALBUTEROL HFA INH (200 PUFFS) 6.7GM Your insurance saved you \$91.99	69097-0142-60	KKS	ASSEM, S.	CABS / 220733678776277999	03/14/22	13.400	30.00

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858) 699-5432
Date of Birth: 12/22/1971
Gender: M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1487015-01084	ALBUTEROL HFA INH (200 PUFFS) 6.7GM Your insurance saved you \$92.21	69097-0142-60	DLD	ASSEM, S.	CABS / 22146504727224999	05/26/22	13.400	29.78
Total Fillings: 2							Subtotal:	26.800 59.78
1489708-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	REL	SEBASTIAN, G.	CABS / 220823617957051999	03/23/22	60.000	20.00
1489708-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	KKS	SEBASTIAN, G.	CABS / 221156867988210999	04/25/22	60.000	20.00
1489708-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	KKS	SEBASTIAN, G.	CABS / 221425201032099999	05/22/22	60.000	20.00
Total Fillings: 3							Subtotal:	180.000 60.00
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$57.26	70010-0491-05	KKS	SEBASTIAN, G.	CABS / 221164138064126998	04/26/22	120.000	2.73
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$57.26	70010-0491-05	DLD	SEBASTIAN, G.	CABS / 221465047380049999	05/26/22	120.000	2.73

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26	70010-0491-05	KKS	SEBASTIAN, G.	CABS / 221765720594221999	06/25/22	120.000	2.73
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26	70010-0491-05	KKS	SEBASTIAN, G.	CABS / 222065356666270999	07/25/22	120.000	2.73
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26	70010-0491-05	KKS	SEBASTIAN, G.	CABS / 222414987418100999	08/29/22	120.000	2.73
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26	70010-0491-05	KKS	SEBASTIAN, G.	CABS / 222765018072235999	10/03/22	120.000	2.73
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26	70010-0491-05	KKS	SEBASTIAN, G.	CABS / 223134282857295999	11/09/22	120.000	2.73
					Total Fillings: 7	Subtotal:	840.000	19.11
1498799-01084	ACCU-CHEK GUIDE CARE KIT Your insurance saved you \$29.99	65702-0729-10	KKS	SEBASTIAN, G.	CABS / 221164237139282997	04/26/22	1.000	0.00
					Total Fillings: 1	Subtotal:	1.000	0.00

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1498804-01084	ACCU-CHEK GUIDE TEST STRIPS 100S Your insurance saved you \$51.98	65702-0712-10	KKS	SEBASTIAN, G.	CABS / 221164268848175998	04/26/22	200.000	60.00
1498804-01084	ACCU-CHEK GUIDE TEST STRIPS 100S Your insurance saved you \$51.98	65702-0712-10	KKS	SEBASTIAN, G.	CABS / 222025009430102999	07/21/22	200.000	60.00
Total Fillings: 2						Subtotal:	400.000	120.00
1498806-01084	SOFTCLIX LANCETS Your insurance saved you \$15.78	50924-0971-10	FAR	SEBASTIAN, G.	CABS / 221164283957316996	04/26/22	200.000	22.20
1498806-01084	SOFTCLIX LANCETS Your insurance saved you \$27.5	50924-0971-10	KAW	SEBASTIAN, G.	CABS / 222025009301007997	07/21/22	100.000	10.48
1498806-01084	SOFTCLIX LANCETS Your insurance saved you \$7.27	50924-0971-10	KKS	SEBASTIAN, G.	CABS / 222025009301007998	07/21/22	100.000	11.72
Total Fillings: 3						Subtotal:	400.000	44.40
1512373-01084	VALACYCLOVIR 1GM TABLETS Your insurance saved you \$220.19	00378-4276-77	KAW	SEBASTIAN, G.	CABS / 221664148131106996	06/15/22	60.000	10.00
Total Fillings: 1						Subtotal:	60.000	10.00

Confidential Patient Information

Report date/time: 01/17/2023 12:48 PM

Prescription Profile

01/01/2022 through 12/31/2022

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950

Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133

Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1512374-01084	DORZOLAMIDE 2% OPTH SOLN 10ML Your insurance saved you \$56.53	24208-0485-10	KAW	SEBASTIAN, G.	CABS / 221664150114320998	06/15/22	10.000	9.46
					Total Fillings: 1	Subtotal:	10.000	9.46
1512382-01084	RYBELSUS 3MG TABLETS Your insurance saved you \$1050.0	00169-4303-30	KAW	SEBASTIAN, G.	CABS / 221664250037040998	06/15/22	30.000	20.00
					Total Fillings: 1	Subtotal:	30.000	20.00
1515994-01084	LOSARTAN 25MG TABLETS Your insurance saved you \$45.15	65862-0201-99	MMG	SIMMONS, D.	CABS / 221794387382037998	06/28/22	30.000	0.84
					Total Fillings: 1	Subtotal:	30.000	0.84
1516414-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	KKS	SEBASTIAN, G.	CABS / 221805691087138998	06/29/22	60.000	20.00

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1516414-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	KKS	SEBASTIAN, G.	CABS / 222065356561308999	07/25/22	60.000	20.00
1516414-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	KKS	SEBASTIAN, G.	CABS / 222834297705141998	10/10/22	60.000	20.00
1516414-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	KKS	SEBASTIAN, G.	CABS / 223441886006106999	12/10/22	60.000	20.00
Total Fillings: 4							Subtotal: 240.000	80.00
1519992-01084	LOSARTAN 25MG TABLETS Your insurance saved you \$123.68	65862-0201-99	KAW	SEBASTIAN, G.	CABS / 221964015757311999	07/15/22	90.000	2.21
1519992-01084	LOSARTAN 25MG TABLETS Your insurance saved you \$123.68	65862-0201-99	KKS	SEBASTIAN, G.	CABS / 222205927206141999	08/08/22	90.000	2.21
1519992-01084	LOSARTAN 25MG TABLETS Your insurance saved you \$123.68	65862-0201-99	KKS	SEBASTIAN, G.	CABS / 222755232572045999	10/02/22	90.000	2.21
Total Fillings: 3							Subtotal: 270.000	6.63

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1521055-01084	RYBELSUS 7MG TABLETS Your insurance saved you \$1050.0	00169-4307-30	SMS	SEBASTIAN, G.	CABS / 221967097556255998	07/15/22	30.000	20.00
1521055-01084	RYBELSUS 7MG TABLETS Your insurance saved you \$1050.0	00169-4307-30	KKS	SEBASTIAN, G.	CABS / 22284743730241999	08/16/22	30.000	20.00
1521055-01084	RYBELSUS 7MG TABLETS Your insurance saved you \$1050.0	00169-4307-30	AWD	SEBASTIAN, G.	CABS / 222625707556194999	09/19/22	30.000	20.00
1521055-01084	RYBELSUS 7MG TABLETS Your insurance saved you \$1050.0	00169-4307-30	KKS	SEBASTIAN, G.	CABS / 222851894927199999	10/12/22	30.000	20.00
					Total Fillings: 4	Subtotal:	120.000	80.00
1525966-01084	ALBUTEROL HFA INH (200 PUFFS) 6.7GM Your insurance saved you \$50.99	69097-0142-60	KAW	SEBASTIAN, G.	CABS / 222147106544296998	08/02/22	6.700	10.00
					Total Fillings: 1	Subtotal:	6.700	10.00
1526927-01084	LATANOPROST 0.005% OPTH SOLN 2.5ML Your insurance saved you \$37.14	59762-0333-02	DLD	JONES, E.	CABS / 222176659632255998	08/05/22	2.500	4.85

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1526927-01084	LATANOPROST 0.005% OPTH SOLN 2.5ML Your insurance saved you \$37.14	59762-0333-02	KKS	JONES, E.	CABS / 222414987302091999	08/29/22	2.500	4.85
1526927-01084	LATANOPROST 0.005% OPTH SOLN 2.5ML Your insurance saved you \$37.14	59762-0333-02	REL	JONES, E.	CABS / 222685255605150999	09/25/22	2.500	4.85
					Total Fillings: 3	Subtotal:	7.500	14.55
1527230-01084	VALACYCLOVIR 1GM TABLETS Your insurance saved you \$332.29	00378-4276-77	KKS	PASADHIKA, S.	CABS / 222204259196135999	08/08/22	90.000	10.00
					Total Fillings: 1	Subtotal:	90.000	10.00
1527727-01084	LOSARTAN 100MG TABLETS Your insurance saved you \$174.71	65862-0203-99	KAW	BOHLING, M.	CABS / 222215703039172998	08/09/22	90.000	4.28
					Total Fillings: 1	Subtotal:	90.000	4.28

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1540562-01084	SHINGRIX 50MCG INJ(IM)SNGDSE VL10PK Your insurance saved you \$205.99	58160-0823-11	VVV	DEVORE, D.	CABS / 222656332073314999	09/22/22	1.000	0.00
					Total Fillings: 1	Subtotal:	1.000	0.00
1543393-01084	DORZOLAMIDE 2% OPHTH SOLN 10ML Your insurance saved you \$56.53	24208-0485-10	KKS	JONES, E.	CABS / 222766317065234998	10/03/22	10.000	9.46
					Total Fillings: 1	Subtotal:	10.000	9.46
1554722-01084	LOSARTAN 100MG TABLETS Your insurance saved you \$174.71	65862-0203-99	KAW	SEBASTIAN, G.	CABS / 223124332798225999	11/08/22	90.000	4.28
					Total Fillings: 1	Subtotal:	90.000	4.28
1556045-01084	FLUARIX QUAD PF INJ 2022-23 0.5ML Your insurance saved you \$57.59	58160-0890-52	VVV	WISDOM, K.	CABS / 223155781283103999	11/11/22	0.500	0.00
					Total Fillings: 1	Subtotal:	0.500	0.00