

## Online Claim Submission

Code: SWA  
Employer: WA State PEBB  
EmpID: A00276496  
EmpName: GULLICKSON, ANDREA  
Submitted: February 9, 2023  
Batch: 30260528  
Claim Total: \$75.00  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/6/2023	RX	\$75.00	Provider: Ardon. For whom: Michael Zimmerman.



Ardon Health LLC  
11835 NE Glenn Widing Drive  
Portland, OR 97222  
Phone: (855) 425-4088  
Fax: (855) 425-4099

If mailing payment, send to:  
Ardon Health LLC  
P.O. Box 2033  
Portland, OR 97299

Date: 02/06/2023

Michael Zimmerman  
5115 Klahanie Dr NW  
Olympia, WA 98502

NDC:	Medication:	Dispense Qty:	Day Supply:
58406-0010-04	Enbrel PFS 25 MG/0.5ML (4:4PFS)	8	28

RX Number:	Copay * (\$):
1112550	75

Provider Name: Robert Widrow  
Provider Phone: (360) 763-5681  
Provider NPI: 1942341417

\* This is not a request for payment and may not be reflective of your outstanding balance due if payment has since been received.



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