

Online Claim Submission

Code: WPZ
Employer: Woodland Park Zoo
EmpID: 538867131
EmpName: James, Elizabeth
Submitted: February 10, 2023
Batch: 30282495
Claim Total: \$37.10
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	7/1/2022	RX	\$37.10	Provider: Kaiser Permanente. For whom: Elizabeth James.

Kaiser Permanente
Kent Pharmacy
26004 104th Ave SE, #101
Kent, WA 98030
1-888-901-4636

Reference Number: 2023041027-19
Date/Time: 02/10/2023 10:23:46 AM

Willow Payment
2023041027-19-1

Rx
Prescription: 29705476-40
Amount: \$15.00

Rx
Prescription: 29705477-40
Amount: \$22.10

Total: * \$37.10

1 ITEM TOTAL: \$37.10

* FSA TOTAL: \$37.10

TOTAL: \$37.10

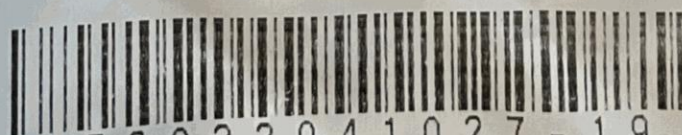
MasterCard Chip Read \$37.10

Method: Chip Read

Card Number: *****7652

Payment Type: credit

Total Received: \$37.10



C E 2 0 2 3 0 4 1 0 2 7 - 1 9