

## Online Claim Submission

Code: SWA  
Employer: WA State PEBB  
EmpID: 399464181  
EmpName: DIMICK, SUSAN  
Submitted: January 18, 2023  
Batch: 29925041  
Claim Total: \$18.12  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/18/2023	RX	\$18.12	Provider: Fred meyer pharmacy. For whom: Susan dimick.

**BIN- 301**

**Fred Meyer  
Pharmacy**

**SUSAN DIMICK**

**DOB: 09/20/1957**

3920 E HARTSON  
SPOKANE, WA 99202

**FRED MEYER PHARMACY**  
**70100657**

400 S THOR ST  
SPOKANE, WA 99202  
PH:(509) 532-4033  
NCPDP: 4929204

**RX#: 6438108**

**\*New Rx\***

**DATE: 01/17/2023**

**MINOXIDIL 2.5 MG TABLET**

NDC: 49884-0256-01

TAKE 1/2 TABLET BY MOUTH EVERY EVENING

QTY: 100 DAYS SUPPLY: 200

DAW: 0 0.67 REFILLS OF 30 UNTIL 04/18/2023

PRESCRIBER:  
**S HESTDALEN**  
NPI: 1194790006

**BILL TO: GOODRX DISCOUNT CARD**  
**PRICE: \$18.12**

**YOUR INSURANCE BENEFIT SAVED YOU: \$23.37**

*Prescription qualifies for points. Check register receipt.*

**RX# 6438108**

**01/17/2023**

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**01/17/2023**

**Signature not required by  
Insurance**

**SUSAN DIMICK**

**X**

**HIPAA ACKNOWLEDGMENT**