

## Online Claim Submission

Code: SC1

Employer: Seattle Childrens

EmplID: 120349

EmpName: Vamos, Andrew

Submitted: January 17, 2023

Batch: 29910834

Claim Total: \$224.26

Attachments: 12

Line	Service Date(s)	Type	Cost	Notes
1	10/10/2022	GENERAL	\$40.00	Provider: uw medicine dr anand singla. For whom: andrew vamos.
2	10/23/2022	GENERAL	\$33.86	Provider: bartell drugs. For whom: andrew vamos.
3	11/26/2022	GENERAL	\$75.40	Provider: Bartell Drugs. For whom: Andrew Vamos.
4	10/4/2022	RX	\$15.00	Provider: bartell drugs. For whom: andrew vamos.
5	10/7/2022	RX	\$60.00	Provider: express scripts pharmacy. For whom: andrew vamos.



Store #06936  
1001 Mercer Street  
Seattle, WA 98109  
(206) 223-1104

Register #1 Transaction #13296  
Cashier #69362605 10/20/22 1:17PM

1	SCANNED PHARMACY	15.00	H
	Rx #64341		
1	SCANNED PHARMACY	11.87	H
	Rx #50706		
1	SCANNED PHARMACY	6.99	H
	Rx #54335		

3 Items	Subtotal	\$33.86
	Tax	\$ .00
	Total	\$33.86

\*VISA SALE\* \$33.86  
VISA card \* #XXXXXXXXXXXX8167  
App #AA APPROVAL AUTO  
Ref # 04097C  
Entry Method: Chip

Application Label: VISA CREDIT  
AID: A0000000031010  
TVR: 0880008000  
TSI: E800  
AC: 0EBD67C73CE01356  
ARC: 00

Tendered	\$33.86
Cash Change	\$ .00

THANK YOU FOR SHOPPING AT BARTELL DRUGS  
You were served by NGUYEN today.



H - Health FSA \*

Health FSA benefit total 33.86

\* The health FSA benefit total includes items that may be eligible for reimbursement from a participating FSA (Flexible Spending Account) health plan. Contact your plan administrator for details.

\*\*\*\*\*

We want to hear about your shopping experience.

Tell us by entering the code below.

[wecare.bartelldrugs.com](http://wecare.bartelldrugs.com)

1020 1306 9360 1964

See reverse for details.

\*\*\*\*\*

\*\*\*\*\*  
Turn receipt over for preprinted terms and conditions applicable to Coupon Redemption, Return Policy, Survey and Hearing or Speech disabled, and Customer Care.  
\*\*\*\*\*

Part of Pacific Northwest communities for over 130 years. Locals supporting Locals.  
[bartelldrugs.com](http://bartelldrugs.com)



Store #06936  
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(206) 223-1104

Register #1 Transaction #15098  
Cashier #69362605 11/26/22 3:01PM

1 PSE ALLEGRA D 12 HR 30 CT	33.39	T H
1 SCANNED PHARMACY	6.99	H
Rx #54335		
1 SCANNED PHARMACY	31.60	H
Rx #61025		

3 Items	Subtotal	\$71.98
	Tax	\$3.42
	Total	\$75.40
*VISA SALE*		\$75.40

VISA card \* #XXXXXXXXXXXX8167  
App #AA APPROVAL AUTO  
Ref # 04651C  
Entry Method: Chip

Application Label: VISA CREDIT  
AID: A0000000031010  
TVR: 0880008000  
TSI: E800  
AC: DF5DD48B306E1930  
ARC: 00

Tendered	\$75.40
Cash Change	\$ .00

THANK YOU FOR SHOPPING AT BARTELL DRUGS  
You were served by NGUYEN today.



T - Taxable  
H - Health FSA \*

Health FSA benefit total 75.40

\* The health FSA benefit total includes items that may be eligible for reimbursement from a participating FSA (Flexible Spending Account) health plan. Contact your plan administrator for details.

\*\*\*\*\*



**SCHOOL OF DENTISTRY**  
UNIVERSITY of WASHINGTON

UW SCHOOL OF DENTISTRY  
1959 NE PACIFIC STREET  
BOX 357131  
SEATTLE, WA 98195-7131

Receipt #1638936  
1/6/2023 3:39:26PM

Account Number: 678930

Patient Name: Emily Olszewski

Emily Olszewski  
1927 Franklin Place E  
#B  
Seattle, WA 98102

Doctor	Date of Service	Description	Tooth#	Total Charge	Charges Pending Insurance Processing	Current Remaining Patient Balance
		Opening Balance		-71.00	0.00	-71.00
<b>Outstanding Fees</b>						
<b>New Fees</b>						
Kang, Byeonguk	1/6/2023	Guided Tissue Reg	20	293.00	0.00	293.00
		Resorb/Site				
Koistinen, Roxanne	1/6/2023	Surgical Assist NOT on		0.00	0.00	0.00
		Own Patient				
Kang, Byeonguk	1/6/2023	Osseous Graft, Medium LR		650.00	0.00	650.00
	1/6/2023	Prepayment gbr		0.00	0.00	-943.00
<b>New Payments</b>						
	01/06/2023	Visa8167		-943.00		-943.00
	01/06/2023	Prepayment gbr		943.00		943.00

ACCOUNT SUMMARY:

** Previous	-71.00
New Charges:	943.00
Payment Plan Charges:	0.00
Insurance Payments:	0.00
Adjustments:	0.00
Patient Payments:	-943.00
** Account Balance:	-71.00
Charges Pending Insurance Processing:	0.00
PAYMENT DUE NOW:	-71.00

PATIENT IS RESPONSIBLE FOR BALANCE NOT PAID BY INSURANCE

UW PERIODONTICS  
HSC B403  
SEATTLE, WA. 98195-0001  
206-543-5797

**SALE**

REF#: 00000004

Batch #: 233

01/06/23

13:18:12

APPR CODE: 04368C

ENCRYPTED BY ELAVON

Trace: 4

VISA

Contactless

\*\*\*\*\*8167

\*\*\*

**AMOUNT**

**\$943.00**

**APPROVED**

CHASE VISA

AID: A0000000031010

TVR: 00 00 00 00 00

THANK YOU

CUSTOMER COPY



Store #06936  
1001 Mercer Street  
Seattle, WA 98109  
(206) 223-1104

Register #7 Transaction #35168  
Cashier #69360044 10/04/22 12:24PM

1	SCANNED PHARMACY	15.00	H
	Rx #35112		
1	COKE COFFEE VANILLA 12Z	2.79	TF
1	TRID WHITE SPEAR SNGL 16C	1.29	F
1	TRID WHITE SPEAR SNGL 16C	1.29	F
1	TRID WHITE SPEAR SNGL 16C	1.29	F
1	YAMI LF PEACH 6Z	1.19	F
1	SABRA HUMUS RED PEPP W/PT	2.99	F

7 Items	Subtotal	\$25.84
	Tax	\$.29
	Total	\$26.13

\*VISA SALE\* \$26.13  
VISA card \* #XXXXXXXXXXXX8167  
App #AA APPROVAL AUTO  
Ref # 03470C  
Entry Method: Chip

Application Label: VISA CREDIT  
AID: A0000000031010  
TVR: 0880008000  
TSI: E800  
AC: 1DF0DA93E8CF7459  
ARC: 00

Tendered	\$26.13
Cash Change	\$.00

THANK YOU FOR SHOPPING AT BARTELL DRUGS  
You were served by TOBIN today.



T - Taxable  
F - SNAP eligible  
H - Health FSA \*

Health FSA benefit total 15.00

\* The health FSA benefit total includes items that may be eligible for reimbursement from a participating FSA (Flexible Spending Account) health plan. Contact your plan administrator for details.

\*\*\*\*\*

We want to hear about your shopping experience.

Tell us by entering the code below.

[wecare.bartelldrugs.com](http://wecare.bartelldrugs.com)

1004 1206 9360 7681

See reverse for details.

\*\*\*\*\*

\*\*\*\*\*

Turn receipt over for preprinted terms and conditions applicable to Coupon Redemption, Return Policy, Survey and Hearing or Speech disabled, and Customer Care.



# Payment due

Keep the top portion of this page for your records.

# Express Scripts® Pharmacy

Invoice number: 65-045475288  
Plan member: ANDREW VAMOS  
Group number: PD1-SCHRXS1  
As of: 10/07/2022

## Your payment summary information

Cost for this package	\$ 60.00
Payment(s)/adjustment(s) applied	\$ 0.00
Shipping Cost	FREE

**Total amount due \$ 60.00**

Future orders may be held if you have an unpaid balance.

Please disregard if you have already paid this amount.

Thank you for your recent order from the Express Scripts® Pharmacy.  
Please review and pay easily in one of these ways.



Online with a checking account or credit card at [express-scripts.com/rx](https://express-scripts.com/rx)



Call 800.948.8779, available 24/7



Mail a check, money order or credit card payment and include your payment slip (below)



Cut this slip at the dotted line and return with your payment in the **BLUE** envelope.

## Payment Slip

Choose your payment method on the back of this form.



Express Scripts®  
Pharmacy

Page 2 of 8

ORD #: 0003636927020



Plan member: ANDREW VAMOS  
Group number: PD1-SCHRXS1  
Invoice number: 65-045475288  
As of: 10/07/2022

**Total amount due (upon receipt): \$ 60.00**

**Amount enclosed:** \$ \_\_\_\_\_

Express Scripts Pharmacy  
PO Box 88055  
Chicago, IL 60680-1055



65 045475288 000006000 01 9

# Prescription Refill Slip

ANDREW VAMOS

MESALAMINE SUPPOSITORY

Strength: 1000MG Qty: 90

Rx #: 222802727365

2 refill(s) before: 09/30/2023

Reorder after: 12/13/2022

2228027273-65-0



For faster service, refill at:



express-scripts.com/rx



844.823.5227

To refill by mail, return this slip with your payment:



EXPRESS SCRIPTS PHARMACY, PO BOX 66577  
ST LOUIS MO 63166-6577

You can enroll eligible medications in our automatic refill service and have refills shipped automatically.

9120



✂ Cut this slip at the dotted line

# Prescription Refill Slip

ANDREW VAMOS

MESALAMINE DR TABS

Strength: 1.2GM Qty: 360

Rx #: 222802727265

2 refill(s) before: 09/30/2023

Reorder after: 12/13/2022

2228027272-65-2



For faster service, refill at:



express-scripts.com/rx



844.823.5227

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ST LOUIS MO 63166-6577

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9120



✂ Cut this slip at the dotted line





**Guarantor ID:** 5438482  
**Responsible Party:** Andrew C Vamos  
**Patient Name:** Andrew C Vamos  
**Statement Date:** 12/11/2022

**Andrew C Vamos's visit to UWMC Montlake Campus with Singla, Anand, MD**  
**Visit Account #89716387**

Date	Description	Charges	Pmts/Adjs	Balance
10/10/2022	Office/Outpatient Established Mod Mdm 30-39 Min	223.00		
	Regence Blue Shield Payments		-103.81	
	Regence Blue Shield Adjustments		-79.19	
	<b>Your Responsibility</b>			<b>40.00</b>
<b>Totals</b>		<b>\$223.00</b>	<b>\$-183.00</b>	<b>\$40.00</b>





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	Rx #64341		
1	SCANNED PHARMACY	11.87	H
	Rx #50706		
1	SCANNED PHARMACY	6.99	H
	Rx #54335		

3 Items	Subtotal	\$33.86
	Tax	\$ .00
	Total	\$33.86

\*VISA SALE\* \$33.86  
VISA card \* #XXXXXXXXXXXX8167  
App #AA APPROVAL AUTO  
Ref # 04097C  
Entry Method: Chip

Application Label: VISA CREDIT  
AID: A0000000031010  
TVR: 0880008000  
TSI: E800  
AC: 0EBD67C73CE01356  
ARC: 00

Tendered	\$33.86
Cash Change	\$ .00

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H - Health FSA \*

Health FSA benefit total 33.86

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[wecare.bartelldrugs.com](http://wecare.bartelldrugs.com)

1020 1306 9360 1964

See reverse for details.

\*\*\*\*\*

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Rx #54335		
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3 Items	Subtotal	\$71.98
	Tax	\$3.42
	Total	\$75.40
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Entry Method: Chip

Application Label: VISA CREDIT  
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TVR: 0880008000  
TSI: E800  
AC: DF5DD48B306E1930  
ARC: 00

Tendered	\$75.40
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UW SCHOOL OF DENTISTRY  
1959 NE PACIFIC STREET  
BOX 357131  
SEATTLE, WA 98195-7131

Receipt #1638936  
1/6/2023 3:39:26PM

Account Number: 678930

Patient Name: Emily Olszewski

Emily Olszewski  
1927 Franklin Place E  
#B  
Seattle, WA 98102

Doctor	Date of Service	Description	Tooth#	Total Charge	Charges Pending Insurance Processing	Current Remaining Patient Balance
		Opening Balance		-71.00	0.00	-71.00
<b>Outstanding Fees</b>						
<b>New Fees</b>						
Kang, Byeonguk	1/6/2023	Guided Tissue Reg	20	293.00	0.00	293.00
		Resorb/Site				
Koistinen, Roxanne	1/6/2023	Surgical Assist NOT on		0.00	0.00	0.00
		Own Patient				
Kang, Byeonguk	1/6/2023	Osseous Graft, Medium LR		650.00	0.00	650.00
	1/6/2023	Prepayment gbr		0.00	0.00	-943.00
<b>New Payments</b>						
	01/06/2023	Visa8167		-943.00		-943.00
	01/06/2023	Prepayment gbr		943.00		943.00

ACCOUNT SUMMARY:	** Previous	-71.00
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	Charges Pending Insurance Processing:	0.00
	PAYMENT DUE NOW:	-71.00

PATIENT IS RESPONSIBLE FOR BALANCE NOT PAID BY INSURANCE

UW PERIODONTICS  
HSC B403  
SEATTLE, WA. 98195-0001  
206-543-5797

**SALE**

REF#: 00000004

Batch #: 233

01/06/23

13:18:12

APPR CODE: 04368C

ENCRYPTED BY ELAVON

Trace: 4

VISA

Contactless

\*\*\*\*\*8167

\*\*\*

**AMOUNT**

**\$943.00**

**APPROVED**

CHASE VISA

AID: A0000000031010

TVR: 00 00 00 00 00

THANK YOU

CUSTOMER COPY





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Seattle, WA 98109  
(206) 223-1104

Register #7 Transaction #35168  
Cashier #69360044 10/04/22 12:24PM

1	SCANNED PHARMACY	15.00	H
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	Tax	\$ .29
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1004 1206 9360 7681

See reverse for details.

\*\*\*\*\*

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Turn receipt over for preprinted terms and conditions applicable to Coupon Redemption, Return Policy, Survey and Hearing or Speech disabled, and Customer Care.

# Payment due

Keep the top portion of this page for your records.

# Express Scripts® Pharmacy

Invoice number: 65-045475288  
Plan member: ANDREW VAMOS  
Group number: PD1-SCHRXS1  
As of: 10/07/2022

## Your payment summary information

Cost for this package	\$ 60.00
Payment(s)/adjustment(s) applied	\$ 0.00
Shipping Cost	FREE

**Total amount due** **\$ 60.00**

Future orders may be held if you have an unpaid balance.

Please disregard if you have already paid this amount.

Thank you for your recent order from the Express Scripts® Pharmacy.  
Please review and pay easily in one of these ways.



Online with a checking account or credit card at [express-scripts.com/rx](https://express-scripts.com/rx)



Call 800.948.8779, available 24/7



Mail a check, money order or credit card payment and include your payment slip (below)

 Cut this slip at the dotted line and return with your payment in the **BLUE** envelope.

## Payment Slip

Choose your payment method on the back of this form.



Express Scripts®  
Pharmacy

Page 2 of 8

ORD #: 0003636927020



Plan member: ANDREW VAMOS  
Group number: PD1-SCHRXS1  
Invoice number: 65-045475288  
As of: 10/07/2022

**Total amount due (upon receipt):** **\$ 60.00**

**Amount enclosed:** \$ \_\_\_\_\_



Express Scripts Pharmacy  
PO Box 88055  
Chicago, IL 60680-1055



65 045475288 000006000 01 9

# Prescription Refill Slip

ANDREW VAMOS

MESALAMINE SUPPOSITORY

Strength: 1000MG Qty: 90

Rx #: 222802727365

2 refill(s) before: 09/30/2023

Reorder after: 12/13/2022

2228027273-65-0



For faster service, refill at:



express-scripts.com/rx



844.823.5227

To refill by mail, return this slip with your payment:



EXPRESS SCRIPTS PHARMACY, PO BOX 66577  
ST LOUIS MO 63166-6577

You can enroll eligible medications in our automatic refill service and have refills shipped automatically.

9120



✂ Cut this slip at the dotted line

# Prescription Refill Slip

ANDREW VAMOS

MESALAMINE DR TABS

Strength: 1.2GM Qty: 360

Rx #: 222802727265

2 refill(s) before: 09/30/2023

Reorder after: 12/13/2022

2228027272-65-2



For faster service, refill at:



express-scripts.com/rx



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**Guarantor ID:** 5438482  
**Responsible Party:** Andrew C Vamos  
**Patient Name:** Andrew C Vamos  
**Statement Date:** 12/11/2022

**Andrew C Vamos's visit to UWMC Montlake Campus with Singla, Anand, MD**  
**Visit Account #89716387**

Date	Description	Charges	Pmts/Adjs	Balance
10/10/2022	Office/Outpatient Established Mod Mdm 30-39 Min	223.00		
	Regence Blue Shield Payments		-103.81	
	Regence Blue Shield Adjustments		-79.19	
	<b>Your Responsibility</b>			<b>40.00</b>
<b>Totals</b>		<b>\$223.00</b>	<b>\$-183.00</b>	<b>\$40.00</b>

