

## Online Claim Submission

Code: SWB  
Employer: WA State SEBB  
EmpID: 532948650  
EmpName: WOODARD, ERIC  
Submitted: January 18, 2023  
Batch: 29925323  
Claim Total: \$41.47  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/11/2023	RX	\$41.47	Provider: Kaiser Permanente. For whom: Karyn Woodard.

Kaiser Permanente  
Riverfront Pharmacy  
322 W North River Dr  
Spokane, WA 99201  
1-888-901-4636

Reference Number: 2023011031-105  
Date/Time: 01/11/2023 12:34:33 PM

Willow Payment  
2023011031-105-1  
Rx  
Prescription: 29403802-53  
Amount: \$10.00

Rx  
Prescription: 29403803-53  
Amount: \$28.43

Total: \* \$38.43

BD ALCOHOL SWABS 100 EA  
2023011031-105-4  
Qty: 1  
Amount: 2.79  
Payment Amount: 0.00  
Total: A \$2.79

2 ITEMS TOTAL: \$41.22

Sales Tax  
Rate: 0.068  
Total: A \$0.25

TAX TOTAL: \$0.25

\* FSA TOTAL: \$38.43

TOTAL: \$41.47

Visa Chip Read \$41.47  
Method: Chip Read  
Card Number: \*\*\*\*\*5713  
Payment Type: credit  
Total Received: \$41.47



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pharmacy. For more information  
about mail-order pharmacy call  
1-800-245-7979 (TTY Relay 711).

Call your doctor for medical advice about  
side effects. You may report side effects  
to FDA at 1-800-FDA-1088.

FDA has extended the shelf life for  
IHealth COVID Home Test Kits. Visit  
[ihealthlabs.com](https://ihealthlabs.com) and click on news  
for details.