

Online Claim Submission

Code: NWC
Employer: NW Cascade, Inc.
EmpID: 541925432
EmpName: Quinlan, Carey
Submitted: January 23, 2023
Batch: 29990867
Claim Total: \$64.63
Attachments: 3

Line	Service Date(s)	Type	Cost	Notes
1	12/6/2022	RX	\$64.63	Provider: express. For whom: c quinlan.

Claim details

[To claims list](#)

CLAIM			
DATE OF SERVICE	12/06/2022	IN PROCESS	12/06/2022
CLAIM ID	862072112300	PROCESSED	12/06/2022
CLAIM TYPE	Prescription	EXPRESS	12/06/2022
SERVICE/PRODUCT	AMLODIPINE BESYLATE	SCRIPTS	11/27/1962
MEMBER NAME	CAREY QUINLAN	PROCESSED	12/06/2022

BILLING INFORMATION

AMOUNT BILLED \$155.68
TOTAL PLAN DISCOUNTS AND PAYMENTS \$153.38
YOUR RESPONSIBILITY \$2.30

[Disagree with a decision about your coverage?](#)
[Claims Appeals Process \(.pdf\)](#)

Claim details

< To claims list

CLAIM

DATE OF SERVICE
12/06/2022

CLAIM ID
862072191300

CLAIM TYPE
Prescription

SERVICE/PRODUCT
LEVOTHYROXINE SODIUM

PROVIDER
EXPRESS
SCRIPTS

CLAIM RECEIVED
12/06/2022

MEMBER NAME
CAREY QUINLAN
11/27/1962

IN PROCESS
12/06/2022

PROCESSED
12/06/2022

BILLING INFORMATION

AMOUNT BILLED
\$44.64

TOTAL PLAN DISCOUNTS AND PAYMENTS
\$19.81

YOUR RESPONSIBILITY
\$24.83

Disagree with a decision about your coverage?
Claims Appeals Process (pdf) [a]

Claim details

< To claims list

CLAIM

DATE OF SERVICE	CLAIM RECEIVED	IN PROCESS	PROCESSED
12/06/2022	12/06/2022	12/06/2022	12/06/2022
CLAIM ID	PROVIDER	MEMBER NAME	
862072191500	EXPRESS SCRIPTS	CAREY QUINLAN	
CLAIM TYPE			
Prescription			
SERVICE/PRODUCT			
IRBESARTAN			

BILLING INFORMATION

AMOUNT BILLED \$332.33
TOTAL PLAN DISCOUNTS AND PAYMENTS \$294.83
YOUR RESPONSIBILITY \$37.50

Disagree with a decision about your coverage?
Claims Appeals Process (.pdf)