

## Online Claim Submission

Code: KOM  
Employer: Komodo Health  
EmpID: 035525327  
EmpName: Thornton, Kyle  
Submitted: January 23, 2023  
Batch: 29988659  
Claim Total: \$275.00  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/10/2023	RX	\$275.00	Provider: Asthma & Allergy Physicians. For whom: Arica Thornton. Sublingual Allergy Drops

**Please review your Payment/CoPay Details**

Portal Response Coordinator

01/23/2023

*Asthma & Allergy Physicians Warw*

470 TOLL GATE RD

Suite 203

WARWICK, RI-02886-2741

Tel: 401-751-1235 Fax: 401-751-4744

## Receipt of Payment

Received

From :

Thornton, Arica

Date :

01/10/2023

Amount :

275.00

Payment ID :241761

Payment

Type :

Credit Card (MASTER)

Credit Card  
(MASTER)

No :

SLIT

### Charges Details

Date	Code Description	Units	Fees	Payment
01/10/2023	SLIT Sublingual Allergy Drops AAPRI	1.00	275.00	
01/10/2023	Patient Payment			275.00
	Total		275.00	275.00

### Account Balance Summary

Total Balance : 0.00

Patient Balance : 0.00

Insurance Balance : 0.00



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01/23/2023

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