Online Claim Submission

Code: KDH

Employer: Kaweah Delta Healthcare

EmpID: 552617368

EmpName: Roeben, Debbie

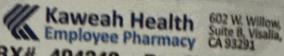
Submitted: January 23, 2023

Batch: 29990459

Claim Total: \$10.00

Attachments: 1

| Line | Service Date(s) | Type | Cost | Notes |
|------|-----------------|------|---------|-----------------------------------|
| 1 | 7/18/2022 | RX | \$10.00 | Provider: Kaweah Health Employee |
| | | | | Pharmacy. For whom: Brent Roeben. |





559 624-2920

RX# 404240 R ROEBEN, BRENT 1048 TREASURE LANE Roseville, CA 95678

07/18/22

FG /CR

559 - 732 - 7457

Dr PAP, ANGELA

VENLAFAXINE HCL ER 150 MG C #90 NDC# 68382-036-10 ZYDUS PHAR

REFILL(S) LEFT 2

MEDIMPAC RLH Ref: 8145451998



COPAY: \$10.00