

## Online Claim Submission

Code: KDH  
Employer: Kaweah Delta Healthcare  
EmpID: 552617368  
EmpName: Roeben, Debbie  
Submitted: January 23, 2023  
Batch: 29991847  
Claim Total: \$18.34  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	6/7/2022	RX	\$18.34	Provider: Kaweah Health Employee Pharmacy. For whom: Brent Roeben.



**Kaweah Health**  
Employee Pharmacy

602 W. Willow,  
Suite B, Visalia,  
CA 93291



559 624-2920

RX# 404274 R 06/07/22

VPH

ROEBEN, BRENT

1048 TREASURE LANE  
Roseville, CA 95678

559 - 732 - 7457

Dr PAP, ANGELA

VENLAFAXINE HCL ER 75 MG CA #90

NDC# 65862 - 528 - 90 AUROBINDO

NO REFILL(S) LEFT

MEDIMPAC  
RLH Ref: 8094416204

COPAY: \$9.52



**Kaweah Health**  
Employee Pharmacy

602 W. Willow,  
Suite B, Visalia,  
CA 93291



559 624-2920

RX# 413522 N 06/08/22

HF /LS

ROEBEN, BRENT

1048 TREASURE LANE  
Roseville, CA 95678

559 - 732 - 7457

Dr PAP, ANGELA

FAMOTIDINE 20 MG TABS #180

NDC# 68001 - 397 - 08 BLUE POINT

3 REFILL(S) LEFT

MEDIMPAC  
RLH Ref: 8096037196

COPAY: \$8.82



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