

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.



Kaweah Health
Employee Pharmacy

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



559 624-2920

RX# 404240 R 07/18/22

FG /CR

ROEBEN, BRENT

1048 TREASURE LANE
Roseville, CA 95678

559 - 732 - 7457

Dr PAP, ANGELA

VENLAFAXINE HCL ER 150 MG C #90

NDC# 68382-036-10 ZYDUS PHAR

2 REFILL(S) LEFT

MEDIMPAC
RLH Ref: 8145451000



COPAY: \$10.00