

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

Please review your Payment/CoPay Details

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