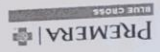


Online Claim Submission

Code: NWC
Employer: NW Cascade, Inc.
EmpID: 541925432
EmpName: Quinlan, Carey
Submitted: January 23, 2023
Batch: 29990899
Claim Total: \$84.28
Attachments: 3

Line	Service Date(s)	Type	Cost	Notes
1	10/20/2022	RX	\$84.28	Provider: express. For whom: c quinlan.



Claim details

< To claims list

CLAIM

CLAIM ID	861223920200
CLAIM TYPE	Prescription
SERVICE/PRODUCT	AMLODIPINE BESYLATE
PROVIDER	EXPRESS SCRIPTS
MEMBER NAME	CAREY QUINLAN
	11/27/1962
DATE OF SERVICE	09/20/2022
CLAIM RECEIVED	09/20/2022
IN PROCESS	09/20/2022
PROCESSED	09/20/2022

BILLING INFORMATION

AMOUNT BILLED	\$12.18
TOTAL PLAN DISCOUNTS AND PAYMENTS	\$0.00
YOUR RESPONSIBILITY	\$12.18

Disagree with a decision about your coverage?
Claims Appeals Process (pdf)

Claim details

< To claims list

CLAIM			
DATE OF SERVICE	09/20/2022	CLAIM RECEIVED	09/20/2022
CLAIM ID	861223763700	PROVIDER	EXPRESS SCRIPTS
CLAIM TYPE	Prescription	MEMBER NAME	CAREY QUINLAN
SERVICE/PRODUCT	LEVOTHYROXINE SODIUM		
			11/27/1962

BILLING INFORMATION

AMOUNT BILLED	\$34.60
TOTAL PLAN DISCOUNTS AND PAYMENTS	\$0.00
YOUR RESPONSIBILITY	\$34.60

Disagree with a decision about your coverage?
Claims Appeals Process (.pdf)

Claim details

< To claims list

CLAIM

DATE OF SERVICE	CLAIM RECEIVED	IN PROCESS	PROCESSED	CLAIM ID	PROVIDER	MEMBER NAME	CLAIM TYPE	SERVICE/PRODUCT
09/20/2022	09/20/2022	09/20/2022	09/20/2022	861223770100	EXPRESS SCRIPTS	CAREY QUINLAN	Prescription	IRBESARTAN
						11/27/1962		

BILLING INFORMATION

AMOUNT BILLED \$76.16
TOTAL PLAN DISCOUNTS AND PAYMENTS \$38.66
YOUR RESPONSIBILITY \$37.50

Disagree with a decision about your coverage?
Claims Appeals Process (.pdf)