

Online Claim Submission

Code: RSA
Employer: RESA Power
EmpID: 762994873
EmpName: CHAI, YI
Submitted: January 23, 2023
Batch: 29991932
Claim Total: \$43.99
Attachments: 4

Line	Service Date(s)	Type	Cost	Notes
1	1/6/2023	GENERAL	\$20.00	Provider: NorthBay Health. For whom: Chai Yi Fui.
2	1/7/2023	RX	\$23.99	Provider: Raley's. For whom: Chai Yi Fui.

Payment Receipt - 1/6/2023 11:37:16 AM CST



Mailing Information

CHAI, YI FUI
3408 ASHBOURNE CT
FAIRFIELD CA 94534-8317

Payment Information

Northbay Ambulatory Clinics

1200 B. Gale Wilson Blvd
Fairfield, CA 94533
(707) 646-5000

Reference: 11316430
TransactionLog Id: 111645026
AuthCode: 02031C
Created On: 1/6/2023 11:37:37 AM

Approved

Account Number	Payment Amount
15160924	20.00
	20.00

Patient Information

Name CHAI, YI FUI
Notes

Card Information

Type



Number 6344
Device Serial 0821861835
EMV Details
MID:334190490881
TID:8229244
Application Name:CHASE VISA
Application Pan:XXXXXXXXXXXX6344
Card Entry Mode:chip_read
Authorization Mode:issuer
AID:A0000000031010
TVR:0000008000
IAD:06021203A03002
TSI:E800
ARC:00

Signature _____

Print this summary for your records.



Get Something Extra
at Raleys.com

TERM# 17 STORE# 332 OPERATOR# 7120
01/07/23 12:10:05
RALEY'S (800)925-9989

Drug Items -----
FSA Eligible Item
H-Rx# 6184912 01 3.99 S
FSA Eligible Item
H-Rx# 6193905 01 10.00 S
FSA Eligible Item
H-Rx# 6189082 01 10.00 S
SUBTOTAL 23.99
TAX DUE .00
TOTAL \$ 23.99
CREDIT CARDS 23.99
XXXXXXXXXXXX6344
CASH CHANGE .00

NUMBER OF ITEMS 3

01/07/2023 12:10:45
MID:029800863326 TID: 001
170398

CREDIT CARD

PURCHASE

CARD #: XXXXXXXXXXXX6344
Chip Card: CHASE VISA
AID: A0000000031010

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