

## Online Claim Submission

Code: RTH  
Employer: Rothy's  
EmpID: 637266940  
EmpName: Wilson, Lauren  
Submitted: January 23, 2023  
Batch: 29990817  
Claim Total: \$163.96  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/23/2023	RX	\$163.96	Provider: Alto Pharmacy. For whom: Lauren Wilson.



Alto Pharmacy  
1400 Tennessee St, Unit 2  
San Francisco, CA 94107  
1 (800) 874-5881  
TIN: 474390076

Prepared for: Lauren Wilson  
Date of Birth: 08/12/1991

Invoice Date	Date of Service	Medication	Rx Number	Qty	Doctor	Cost
01/23/2023		Dexcom G6 Sensor NDC: 08627005303	947727001	9.0 = 9 Eaches	U Masharani	\$90.00
				Primary insurance billed BIN: 020099 PCN: AC ID: 177W0198920		
01/23/2023		Dexcom G6 Transmitter NDC: 08627001601	947727002	1.0 = 1 Each	U Masharani	\$60.95
				Primary insurance billed BIN: 020099 PCN: AC ID: 177W0198920		
01/23/2023		Advil 200 MG NDC: 00573015040	OTC947727015	100.0 = 100	O Cash	\$13.01
						Balance Due \$163.96
						<b>Total Paid \$163.96</b>





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