

## Online Claim Submission

Code: NTR  
Employer: Natera, Inc.  
EmpID: 223438210  
EmpName: Szala, Angela  
Submitted: January 23, 2023  
Batch: 29991942  
Claim Total: \$349.74  
Attachments: 10

Line	Service Date(s)	Type	Cost	Notes
1	6/17/2022	GENERAL	\$20.00	Provider: Syed Amiry. For whom: Angela. copay
2	10/21/2022	GENERAL	\$152.96	Provider: Quest Diagnostics. For whom: Angela. Labs
3	5/31/2022	GENERAL	\$20.00	Provider: Oluseyi Adegoye. For whom: Angela. copay
4	10/21/2022	GENERAL	\$20.00	Provider: Sharon Sherling. For whom: Angela. Copay
5	1/1/2022	RX	\$136.78	Provider: CVS, Walgreens. For whom: Angela & Wesleigh. Copay

Claim\_Summary\_01-23-2023

Fill Date	Rx Number	Drug Name	Pharmacy Name	Prescribed By	For	Amount Billed	My Cigna Plan Paid	Customer Cost
09/09/2022	2376322	BUPROPION HCL XL 300 MG TABLET Quantity:90 Days Supply:90	CVS #01416	Robert Latimer	Angela	\$59.50	\$39.50	\$20.00
09/09/2022	2429260	FLUCONAZOLE 150 MG TABLET Quantity:3 Days Supply:3	CVS #01416	Glenna Andersen	Angela	\$5.95	\$0.00	\$5.95
07/30/2022	2444729	LATANOPROST 0.005% EYE DROPS Quantity:2.5 Days Supply:25	CVS #01416	David Forster	Wesleigh	\$9.42	\$0.00	\$9.42
06/27/2022	2444729	LATANOPROST 0.005% EYE DROPS Quantity:2.5 Days Supply:25	CVS #01416	Forster	Wesleigh	\$9.42	\$0.00	\$9.42
06/01/2022	2429260	FLUCONAZOLE 150 MG TABLET Quantity:3 Days Supply:3	CVS #01416	Glenna Andersen	Angela	\$6.27	\$0.00	\$6.27
05/31/2022	2428321	TOBRAMYCIN-DEXAMETH OPTH SUSP Quantity:5 Days Supply:7	CVS #01416	Alicia Heron	Angela	\$70.59	\$60.59	\$10.00
05/30/2022	2376322	BUPROPION HCL XL 300 MG TABLET Quantity:90 Days Supply:90	CVS #01416	Robert Latimer	Angela	\$86.88	\$66.88	\$20.00
05/18/2022	2226976	LATANOPROST 0.005% EYE DROPS Quantity:2.5 Days Supply:28	CVS #01416	David Forster	Wesleigh	\$9.71	\$0.00	\$9.71
05/03/2022	2848071	MIRENA 52 MG SYSTEM Quantity:1 Days Supply:365	Caremark	Mary Lindberg	Angela	\$1,063.93	\$1,063.93	\$0.00
04/06/2022	847663	NITROFURANTOIN MONO-MCR 100 MG Quantity:10 Days Supply:5	Walgreens #10814	William Blackwell	Angela	\$8.55	\$0.00	\$8.55
03/10/2022	2382544	PREDNISONE 10 MG TABLET Quantity:18 Days Supply:6	CVS #01416	Robert Latimer	Angela	\$3.12	\$0.00	\$3.12
03/10/2022	2382546	CYCLOBENZAPRINE 5 MG TABLET Quantity:40 Days Supply:10	CVS #01416	Robert Latimer	Angela	\$4.34	\$0.00	\$4.34
02/28/2022	2284215	BUPROPION HCL XL 300 MG TABLET Quantity:90 Days Supply:90	CVS #01416	Robert Latimer	Angela	\$89.96	\$69.96	\$20.00
01/01/2022	2226976	LATANOPROST 0.005% EYE DROPS Quantity:2.5 Days Supply:28	CVS #01416	David Forster	Wesleigh	\$16.48	\$6.48	\$10.00



Cigna Health and Life Insurance Company AS AGENT FOR NATERA, INC.

ANGELA SZALA  
13032 COBBLE LN  
CLIFTON VA 20124-1098

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**Customer service**

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**Service date**

May 31, 2022

**Claim # / ID**

8672215390199 / U76793579

**Provider Network Status:**

IN NETWORK

**Account name / Account #**

NATERA, INC. / 3339448

## Explanation of benefits


for a claim received for ANGELA SZALA, Claim # 8672215390199

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ANGELA SZALA

## Summary of a claim for services on May 31, 2022

for services provided by OLUSEYI A ADEGOROYE MD

Amount Billed	\$240.00	This was the amount that was billed for your visit on 05/31/2022.
Discount	\$71.40	<b>You saved \$71.40.</b> CIGNA negotiates discounts with health care professionals and facilities to help you save money.
Amount not covered	\$30.00	This is the portion of your bill that's not covered by your plan. You may or may not need to pay this amount. See the Notes section on the following pages for more information. The total amount of what is not allowed and/ or not covered is \$30.00 of which you owe \$0.00 .
What your plan paid	\$118.60	Your plan paid \$118.60 to OLUSEYI A ADEGOROYE MD.
What I owe	\$20.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	 79%	You saved \$190.00 (or 79%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit <a href="http://www.myCIGNA.com">www.myCIGNA.com</a> or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



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**Service date**

June 17, 2022

**Claim # / ID**

8672217192278 / U76793579

**Provider Network Status:**

IN NETWORK

**Account name / Account #**

NATERA, INC. / 3339448

## Explanation of benefits


for a claim received for ANGELA SZALA, Claim # 8672217192278

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ANGELA SZALA

## Summary of a claim for services on June 17, 2022

for services provided by SYED A AMIRY DO

Amount Billed	\$183.95	This was the amount that was billed for your visit on 06/17/2022.
Discount	\$122.44	<b>You saved \$122.44.</b> CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$41.51	Your plan paid \$41.51 to SYED A AMIRY DO.
What I owe	<b>\$20.00</b>	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	 <b>89%</b>	You saved \$163.95 (or 89%) off the total amount billed. This is a total of your discount and what your plan paid.  To maximize your savings, visit <a href="http://www.myCIGNA.com">www.myCIGNA.com</a> or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.



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**Service date**

October 21, 2022

**Claim # / ID**

8672229591016 / U76793579

**Provider Network Status:**

IN NETWORK

**Account name / Account #**

NATERA, INC. / 3339448

## Explanation of benefits


for a claim received for ANGELA SZALA, Claim # 8672229591016

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ANGELA SZALA

## Summary of a claim for services on October 21, 2022

for services provided by SHARON C SHERLING MD

Amount Billed	\$306.00	This was the amount that was billed for your visit on 10/21/2022.
Discount	\$136.13	<b>You saved \$136.13.</b> CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$149.87	Your plan paid \$149.87 to SHARON C SHERLING MD.
What I owe	<b>\$20.00</b>	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved		You saved \$286.00 (or 93%) off the total amount billed. This is a total of your discount and what your plan paid.  To maximize your savings, visit <a href="http://www.myCIGNA.com">www.myCIGNA.com</a> or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.





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**Service date**

October 21, 2022

**Claim # / ID**

8672229990291 / U76793579

**Provider Network Status:**

IN NETWORK

**Account name / Account #**

NATERA, INC. / 3339448

## Explanation of benefits

for a claim received for ANGELA SZALA, Claim # 8672229990291

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ANGELA SZALA

## Summary of a claim for services on October 21, 2022

for services provided by QUEST DIAG INC MD

Amount Billed	\$1,383.54	This was the amount that was billed for your visit on 10/21/2022.
Discount	\$1,230.58	<b>You saved \$1,230.58.</b> CIGNA negotiates discounts with health care professionals and facilities to help you save money.
What your plan paid	\$0.00	Your plan paid \$0.00.
What I owe	<b>\$152.96</b>	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
You saved	<b>88%</b>	You saved \$1,230.58 (or 88%) off the total amount billed. This is a total of your discount and what your plan paid.  To maximize your savings, visit <a href="http://www.myCIGNA.com">www.myCIGNA.com</a> or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

Claim\_Summary\_01-23-2023

Fill Date	Rx Number	Drug Name	Pharmacy Name	Prescribed By	For	Amount Billed	My Cigna Plan Paid	Customer Cost
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09/09/2022	2429260	FLUCONAZOLE 150 MG TABLET Quantity:3 Days Supply:3	CVS #01416	Glenna Andersen	Angela	\$5.95	\$0.00	\$5.95
07/30/2022	2444729	LATANOPROST 0.005% EYE DROPS Quantity:2.5 Days Supply:25	CVS #01416	David Forster	Wesleigh	\$9.42	\$0.00	\$9.42
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06/01/2022	2429260	FLUCONAZOLE 150 MG TABLET Quantity:3 Days Supply:3	CVS #01416	Glenna Andersen	Angela	\$6.27	\$0.00	\$6.27
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05/03/2022	2848071	MIRENA 52 MG SYSTEM Quantity:1 Days Supply:365	Caremark	Mary Lindberg	Angela	\$1,063.93	\$1,063.93	\$0.00
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**Service date**

May 31, 2022

**Claim # / ID**

8672215390199 / U76793579

**Provider Network Status:**

IN NETWORK

**Account name / Account #**

NATERA, INC. / 3339448

## Explanation of benefits


for a claim received for ANGELA SZALA, Claim # 8672215390199

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ANGELA SZALA

## Summary of a claim for services on May 31, 2022

for services provided by OLUSEYI A ADEGOROYE MD

Amount Billed	\$240.00	This was the amount that was billed for your visit on 05/31/2022.
Discount	\$71.40	<b>You saved \$71.40.</b> CIGNA negotiates discounts with health care professionals and facilities to help you save money.
Amount not covered	\$30.00	This is the portion of your bill that's not covered by your plan. You may or may not need to pay this amount. See the Notes section on the following pages for more information. The total amount of what is not allowed and/ or not covered is \$30.00 of which you owe \$0.00 .
What your plan paid	\$118.60	Your plan paid \$118.60 to OLUSEYI A ADEGOROYE MD.
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**Service date**

June 17, 2022

**Claim # / ID**

8672217192278 / U76793579

**Provider Network Status:**

IN NETWORK

**Account name / Account #**

NATERA, INC. / 3339448

## Explanation of benefits


for a claim received for ANGELA SZALA, Claim # 8672217192278

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ANGELA SZALA

## Summary of a claim for services on June 17, 2022

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Amount Billed	\$183.95	This was the amount that was billed for your visit on 06/17/2022.
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**Service date**

October 21, 2022

**Claim # / ID**

8672229591016 / U76793579

**Provider Network Status:**

IN NETWORK

**Account name / Account #**

NATERA, INC. / 3339448

## Explanation of benefits


for a claim received for ANGELA SZALA, Claim # 8672229591016

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ANGELA SZALA

### Summary of a claim for services on October 21, 2022

for services provided by SHARON C SHERLING MD

Amount Billed	\$306.00	This was the amount that was billed for your visit on 10/21/2022.
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**Service date**

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**Claim # / ID**

8672229990291 / U76793579

**Provider Network Status:**

IN NETWORK

**Account name / Account #**

NATERA, INC. / 3339448

## Explanation of benefits


for a claim received for ANGELA SZALA, Claim # 8672229990291

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: ANGELA SZALA

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for services provided by QUEST DIAG INC MD

Amount Billed	\$1,383.54	This was the amount that was billed for your visit on 10/21/2022.
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What your plan paid	\$0.00	Your plan paid \$0.00.
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