

## Online Claim Submission

Code: S1P  
Employer: Sequoia One PEO LLC  
EmpID: 031787198  
EmpName: GRAVELINE, JEREMY  
Submitted: January 23, 2023  
Batch: 29990931  
Claim Total: \$8.86  
Attachments: 4

Line	Service Date(s)	Type	Cost	Notes
1	1/15/2023	RX	\$8.86	Provider: Alto Pharmacy. For whom: Jennifer George. Pharmacy co-pay for Trazodone



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

Prepared for: Clare Graveline  
Date of Birth: 04/21/2007

Invoice Date	Date of Service	Medication	Rx Number	Qty	Doctor	Cost
01/14/2023	01/15/2023	Citalopram Hbr 20 MG NDC: 13668001005	575170007	30.0 = 30	R Goldwasser	\$10.00
Primary insurance billed BIN: 020099 PCN: WG ID: 556W13421						
Balance Due						\$10.00
Total Paid						\$10.00





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Date of Birth: 09/01/1976

Invoice Date	Date of Service	Medication	Rx Number	Qty	Doctor	Cost
01/15/2023	01/15/2023	Trazodone Hcl 100 MG NDC: 50111056103	646507009	30.0 = 30 Tablets	G Hochstoeger	\$8.86
Primary insurance billed BIN: 020099 PCN: ID: 556W13421						
Balance Due						\$8.86
Total Paid						\$8.86





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