

## Online Claim Submission

Code: KDH  
Employer: Kaweah Delta Healthcare  
EmpID: 552617368  
EmpName: Roeben, Debbie  
Submitted: January 23, 2023  
Batch: 29990659  
Claim Total: \$29.55  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	9/6/2022	RX	\$29.55	Provider: Kaweah Health Employee Pharmacy. For whom: Brent Roeben.



**Kaweah Health**  
Employee Pharmacy

602 W. Willow,  
Suite B, Visalia,  
CA 93291



559 624-2920

RX# 413522 R 09/06/22 FG /YP

ROEBEN, BRENT

1048 TREASURE LANE  
Roseville, CA 95678

559-732-7457

Dr PAP, ANGELA

FAMOTIDINE 20 MG TABS #180

NDC# 68001-397-08 BLUE POINT

2 REFILL(S) LEFT

MEDIMPAC  
RLH Ref: 8214026145

COPAY: \$10.00



**Kaweah Health**  
Employee Pharmacy

602 W. Willow,  
Suite B, Visalia,  
CA 93291



559 624-2920

RX# 393008 R 09/06/22 FG /YP

ROEBEN, BRENT

1048 TREASURE LANE  
Roseville, CA 95678

559-732-7457

Dr SORENSEN, BRANDON N.

CELECOXIB 200 MG CAPS #180

NDC# 62332-142-71 ALEMBIC PH

NO REFILL(S) LEFT

MEDIMPAC  
RLH Ref: 8214026699

COPAY: \$10.00



*mail out*



**Kaweah Health**  
Employee Pharmacy

602 W. Willow,  
Suite B, Visalia,  
CA 93291



559 624-2920

RX# 423151 N 09/09/22 FG /LS

ROEBEN, BRENT

1048 TREASURE LANE  
Roseville, CA 95678

559-732-7457

Dr PAP, ANGELA

VENLAFAXINE HCL ER 75 MG CA #90

NDC# 65862-528-90 AUROBINDO

1 REFILL(S) LEFT

MEDIMPAC  
RLH Ref: 8220811341

COPAY: \$9.55



*Papoll # 440609*

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