## Online Claim Submission

Code: OKT

Employer: Okta, Inc

EmpID: 223946207

EmpName: An, Kyong

Submitted: January 23, 2023

Batch: 29988872

Claim Total: \$659.82

Attachments: 10

Line	Service Date(s)	Type	Cost	Notes
1	1/1/2022	RX	\$659.82	Provider: Walgreens. For whom: Kyong An. On page 10 is a summary of all charges.
				\$659.82.

Walgreens

Report date/time: 01/17/2023 12:48 PM

Confidential Patient Information Prescription Profile 01/01/2022 through 12/31/2022

Patient Info:

KYONG AN

16020 NE CAPLES RD

BRUSH PRAIRIE, WA 98606-950

Patient Phone: Date of Birth:

Gender:

(858) 699-5432

12/22/1971

Prescription					Ins. Plan(s)	Date of
Number	Medication	NDC	RPh	Prescriber	Claim Ref#(s)	Service
1564536-01084	METFORMIN ER 500MG 24HR TABS	70010-0491-05	KAW	SEBASTIAN, G.	CABS /	12/10/22

Your insurance saved you \$199.86

1564641-01084 ALBUTEROL HFA INH (200 PUFFS)8.5GM Your insurance saved you \$34.99

00093-3174-31 KKS SEBASTIAN, G.

Store Info: 808 W MAIN ST STE 101 BATTLE GROUND, WA 986049136 (360)687-5133

	Claim Ref#(s)			
	CABS / 223441885671292999	12/10/22	327.000	
	Total Fillings: 1			
	CABS / 223446244291365997	12/10/22	8.500	10.00
	Total Fillings: 1			
sing	Total Scripts: 48	To		
	more generics could h		total of	0.00
our	insurance saved you a	total of		11926 86

Your cash quantity discount saved you a total of

The Manager and Staff at Walgreens Thank You For Your Patronage For your convenience, this information is available online at www.walgreens.com Ask our pharmacy staff for more information.

Please be aware that certain insurance claim information may not be included in this report. Please speak with a pharmacy staff member if you have questions regarding payments for your prescriptions.

Walgreens

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Patient Info:

KYONG AN

16020 NE CAPLES RD

BRUSH PRAIRIE, WA 98606-950

Patient Phone: Date of Birth:

(858)699-5432 12/22/1971 M Gender:

Allergy Conditions: <ALLERGY HISTORY NOT KNOWN>
Health Conditions: We have health conditions on file

Store Info: 808 W MAIN ST STE 101 BATTLE GROUND, WA 986049136 (360)687-5133

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1377294-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	FAR	ASSEM, S.	CABS / 220385230024188999	02/07/22	60.000	20.00
					Total Fillings: 1	Subtotal:	60.000	20.00
1464364-01084	ALBUTEROL HFA INH (200 PUFFS)8.5GM Your insurance saved you \$34.99	00093-3174-31	PAR	HOUGHTON, A.	CABS / 220385212936102999	02/07/22	8.500	10.00
					Total Fillings: 1	Subtotal:		10.00
1476035-01084	SUTAB TABLETS Your insurance saved you \$137.99	52268-0201-01	KKS	BRYANT, M.	THFRT / U22031N498G100	01/31/22	24.000	50.00
					Total Fillings: 1	Subtotal	24.000	50.00
1487015-01084	ALBUTEROL HFA INH (200 PUFFS) 6.7GM Your insurance saved you \$91.99	69097-0142-60	KKS	ASSEM, S.	CABS / 220733678776277999	03/14/22	13.400	30.00

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Store Info: 808 W MAIN ST STE 101 BATTLE GROUND, WA 986049136 (360)687-5133

Confidential Patient Information Prescription Profile 01/01/2022 through 12/31/2022

Patient Info: KYONG AN 16020 NE CAPLES RD

BRUSH PRAIRIE, WA 98606-950

Patient Phone: Date of Birth: Gender:

12/22/1971

(858) 699-5432

Prescription					Ins. Plan(s)	Date of		
Number	Medication	NDC	RPh	Prescriber	Claim Ref#(s)	Service	Quantity	Price
1487015-01084	ALBUTEROL HFA INH (200 PUFFS) 6.7GM	69097-0142-60	DLD	ASSEM, S.	CABS /	05/26/22	13.400	29.78
	Your insurance saved you \$92.21				221465047272224999			

Number	Medication	NDC	RPh	Prescriber	Claim Ref#(s)		uantity	Price
1487015-01084	ALBUTEROL HFA INH (200 PUFFS) 6.7GM Your insurance saved you \$92.21	69097-0142-60	DLD	ASSEM, S.	CABS / 221465047272224999	05/26/22	13.400	29.78
					Total Fillings: 2	Subtotal:	26.800	59.78
1489708-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	REL	SEBASTIAN, G.	CABS / 220823617957051999	03/23/22	60.000	20.00
1489708-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	KKS	SEBASTIAN, G.	CABS / 221156867988210999	04/25/22	60.000	20.00
1489708-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	KKS	SEBASTIAN, G.	CABS / 221425201032099999	05/22/22	60.000	20.00
					Total Fillings: 3	Subtotal:	180.000	60.00
*1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$57.26	70010-0491-05	KKS	SEBASTIAN, G.	CABS / 221164138064126998	04/26/22	120.000	2.73
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$57.26	70010-0491-05	DLD	SEBASTIAN, G.	CABS / 221465047380049999	05/26/22	120.000	2.73

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Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950

Patient Phone: Date of Birth:

(858)699-5432 12/22/1971

Gender: М Store Info: 808 W MAIN ST STE 101 BATTLE GROUND, WA 986049136 (360)687-5133

Prescription Number	Medication	NDC	RPh		Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26	70010-0491-05	KKS	SEBASTIAN,	G.	CABS / 221765720594221999	06/25/22	120.000	2.73
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26	70010-0491-05	KKS	SEBASTIAN,	G.	CABS /- 222065356666270999	07/25/22	120.000	2.73
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26	70010-0491-05	KKS	SEBASTIAN	G.	CABS / 222414987418100999	08/29/22	120.000	2.73
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26	70010-0491-05	KKS	SEBASTIAN	, G.	CABS / 222765018072235999	10/03/22	120.000	2.73
1498792-01084	METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26	70010-0491-05	KKS	SEBASTIAN	, G.	CABS / 223134282857295999	11/09/22	120.000	2.73
						Total Fillings: 7		840.000	19.11
1498799-01084	ACCU-CHEK GUIDE CARE KIT Your insurance saved you \$29.99	65702-0729-10	KKS	SEBASTIAN		CABS / 221164237139282997	04/26/22	1.000	0.00
						Total Fillings: 1	Subtotal:		0.00

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BATTLE GROUND, WA 986049136 (360)687-5133

Store Info: 808 W MAIN ST STE 101

Confidential Patient Information Prescription Profile 01/01/2022 through 12/31/2022

Patient Info: KYONG AN 16020 NE CAPLES RD

BRUSH PRAIRIE, WA 98606-950

Patient Phone: Date of Birth:

(858) 699-5432 12/22/1971

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service (	Quantity	Price
498804-01084	ACCU-CHEK GUIDE TEST STRIPS 100S Your insurance saved you \$51.98	65702-0712-10	KKS	SEBASTIAN, G.	CABS / 221164268848175998	04/26/22	200.000	60.00
498804-01084	ACCU-CHEK GUIDE TEST STRIPS 100S Your insurance saved you \$51.98	65702-0712-10	KKS	SEBASTIAN, G.	CABS / 222025009430102999	07/21/22	200.000	60.00
					Total Fillings: 2	Subtotal:	400.000	120.00
498806-01084	SOFTCLIX LANCETS Your insurance saved you \$15.78	50924-0971-10	FAR	SEBASTIAN, G.	CABS / 221164283957316996	04/26/22	200.000	22.20
498806-01084	SOFTCLIX LANCETS Your insurance saved you \$27.5	50924-0971-10	KAW	SEBASTIAN, G.	CABS / 222025009301007997	07/21/22	100.000	10.48
498806-01084	SOFTCLIX LANCETS Your insurance saved you \$7.27	50924-0971-10	KKS	SEBASTIAN, G.	CABS / 222025009301007998	07/21/22	100.000	11.72
					Total Fillings: 3	Subtotal:		44.40
512373-01084	VALACYCLOVIR 1GM TABLETS Your insurance saved you \$220.19	00378-4276-77	KAW	SEBASTIAN, G.	CABS / 221664148131106996	06/15/22	60.000	10.00
					Total Fillings: 1	Subtotal:	60.000	10.00

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BATTLE GROUND, WA 986049136

Store Info: 808 W MAIN ST STE 101

Total Fillings: 1 Subtotal: 30.000

221805691087138998

CABS / 06/29/22 60.000 20.00

(360) 687-5133

Confidential Patient Information Prescription Profile 01/01/2022 through 12/31/2022

Patient Info: KYONG AN 16020 NE CAPLES RD

BRUSH PRAIRIE, WA 98606-950

Patient Phone: (858)699-5432
Date of Birth: 12/22/1971

1516414-01084 BREO ELLIPTA 100-25MCG ORAL INH(30)

Your insurance saved you \$443.99

Gender:

Ins. Plan(s) Date of
Claim Ref#(s) Service Quantity Prescription Number Medication RPh Prescriber

CABS / Price 221664150114320998 1512374-01084 DORZOLAMIDE 2% OPHTH SOLN 10ML 24208-0485-10 10,000 KAW SEBASTIAN, G. 9.46 Your insurance saved you \$56.53 Total Fillings: 1 Subtotal: 10.000 CABS / 06/15/22 30.000 20.00 221664250037040998 1512382-01084 RYBELSUS 3MG TABLETS 00169-4303-30 KAW SEBASTIAN, G. Your insurance saved you \$1050.0 Total Fillings: 1 Subtotal: 30.000 20.00 CABS / 06/28/22 30.000 1515994-01084 LOSARTAN 25MG TABLETS 65862-0201-99 MMG SIMMONS, D. Your insurance saved you \$45.15 221794387382037998

KKS SEBASTIAN, G.

00173-0859-10

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BATTLE GROUND, WA 986049136

Store Info: 808 W MAIN ST STE 101

(360)687-5133

Confidential Patient Information Prescription Profile 01/01/2022 through 12/31/2022

Patient Info: KYONG AN

16020 NE CAPLES RD

BRUSH PRAIRIE, WA 98606-950

Patient Phone: Date of Birth:

12/22/1971

Gender:

(858) 699-5432

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	KKS	SEBASTIAN, G.	CABS / 222065356561308999	07/25/22	60.000	20.00
1516414-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	KKS	SEBASTIAN, G.	CABS / 222834297705141998	10/10/22	60.000	20.00
1516414-01084	BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99	00173-0859-10	KKS	SEBASTIAN, G.	CABS / 223441886006106999	12/10/22	60.000	20.00
					Total Fillings: 4		: 240.000	80.00
519992-01084	LOSARTAN 25MG TABLETS Your insurance saved you \$123.68	65862-0201-99	KAW	SEBASTIAN, G.	CABS / 221964015757311999	07/15/22	90.000	2.21
519992-01084	LOSARTAN 25MG TABLETS Your insurance saved you \$123.68	65862-0201-99	KKS	SEBASTIAN, G.	CABS / 222205927206141999	08/08/22	90.000	2.21
519992-01084	LOSARTAN 25MG TABLETS Your insurance saved you \$123.68	65862-0201-99	KKS	SEBASTIAN, G.	CABS / 222755232572045999	10/02/22	90.000	2.21

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BATTLE GROUND, WA 986049136

Store Info: 808 W MAIN ST STE 101

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Confidential Patient Information Prescription Profile 01/01/2022 through 12/31/2022

Patient Info:

KYONG AN

16020 NE CAPLES RD

BRUSH PRAIRIE, WA 98606-950

Patient Phone: Date of Birth: (858) 699-5432

12/22/1971

Gender:	М							
Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1521055-01084	RYBELSUS 7MG TABLETS Your insurance saved you \$1050.0	00169-4307-30	SMS SEE	BASTIAN, G.	CABS / 221967097556255998	07/15/22	30.000	20.00
1521055-01084	RYBELSUS 7MG TABLETS Your insurance saved you \$1050.0	00169-4307-30	KKS SEE	BASTIAN, G.	CABS / 222284743730241999	08/16/22	30.000	20.00
1521055-01084	RYBELSUS 7MG TABLETS Your insurance saved you \$1050.0	00169-4307-30	AWD SEE	BASTIAN, G.	CABS / 222625707556194999	09/19/22	30.000	20.00
1521055-01084	RYBELSUS 7MG TABLETS Your insurance saved you \$1050.0	00169-4307-30	KKS SEE	BASTIAN, G.	CABS / 222851894927199999	10/12/22	30.000	20.00
					Total Fillings: 4	Subtotal:	120.000	80.00
1525966-01084	ALBUTEROL HFA INH (200 PUFFS) 6.7GM Your insurance saved you \$50.99	69097-0142-60	KAW SEI	BASTIAN, G.	CABS / 222147106544296998	08/02/22	6.700	10.00
					Total Fillings: 1	Subtotal:	6.700	10.00
1526927-01084	LATANOPROST 0.005% OPHTH SOLN 2.5ML Your insurance saved you \$37.14	59762-0333-02	DLD JON	NES, E.	CABS / 222176659632255998	08/05/22	2.500	4.85

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Store Info: 808 W MAIN ST STE 101 BATTLE GROUND, WA 986049136

(360) 687-5133

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Patient Info: KYONG AN 16020 NE CAPLES RD

BRUSH PRAIRIE, WA 98606-950

Patient Phone: Date of Birth: (858) 699-5432

Gender:

12/22/1971 M

Prescription Number	Medication	NDC	RPh	Prescriber	Ins. Plan(s) Claim Ref#(s)	Date of Service	Quantity	Price
1526927-01084	LATANOPROST 0.005% OPHTH SOLN 2.5ML Your insurance saved you \$37.14	59762-0333-02	KKS	JONES, E.	CABS / 222414987302091999		2.500	4.85
1526927-01084	LATANOPROST 0.005% OPHTH SOLN 2.5ML Your insurance saved you \$37.14	59762-0333-02	REL	JONES, E.	CABS / 222685255605150999	09/25/22	2.500	4.85
					Total Fillings: 3	Subtotal	7.500	14.55
1527230-01084	VALACYCLOVIR 1GM TABLETS Your insurance saved you \$332.29	00378-4276-77	KKS	PASADHIKA, S.	CABS / 222204259196135999	08/08/22	90.000	10.00
					Total Fillings: 1	Subtotal:	90.000	10.00
1527727-01084	LOSARTAN 100MG TABLETS Your insurance saved you \$174.71	65862-0203-99	KAW	BOHLING, M.	CABS / 222215703039172998	08/09/22	90.000	4.28
724					Total Fillings: 1	Subtotal:	90.000	4.28

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16020 NE CAPLES RD

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Gender:

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Store Info: 808 W MAIN ST STE 101 BATTLE GROUND, WA 986049136 (360) 687-5133

Prescription Number	Medication	NDC	RPh	Prescriber		Ins. Plan(s) Claim Ref#(s)		Quantity	Price
1540562-01084	SHINGRIX 50MCG INJ(IM)SNGDSE VL10PK Your insurance saved you \$205.99	58160-0823-11	vvv	DEVORE, D.	CA	BS / 2656332073314999	09/22/22	1.000	0.00
						otal Fillings: 1		1.000	0.00
1543393-01084	DORZOLAMIDE 2% OPHTH SOLN 10ML Your insurance saved you \$56.53	24208-0485-10	KKS	JONES, E.		LBS / 12766317065234998	10/03/22	10.000	9.46
						otal Fillings: 1		10.000	9.46
1554722-01084	LOSARTAN 100MG TABLETS Your insurance saved you \$174.71	65862-0203-99	KAW	SEBASTIAN, G.		MBS / 3124332798225999	11/08/22	90.000	4.28
						Cotal Fillings: 1		90.000	4.28
556045-01084	FLUARIX QUAD PF INJ 2022-23 0.5ML Your insurance saved you \$57.59	58160-0890-52	vvv	WISDOM, K.	22	BS / 3155781283103999	11/11/22	0.500	0.00
						otal Fillings: 1	Subtotal:		0.00