

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