

Online Claim Submission

Code: FRJ

Employer: Fresno American Indian Health Project

EmpID: 571782353

EmpName: Alanis, Valerie

Submitted: January 23, 2023

Batch: 29990700

Claim Total: \$5.00

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/12/2023	RX	\$5.00	Provider: Kaiser Permanente Mail Order Pharmacy. For whom: Valerie Alanis.

Kaiser Permanente Mail Order Pharmacy

ivermore CPP Pharmacy
00 Pullman St
ivermore, CA 94551

888) 218-6245

am - 6pm Monday - Friday, 8am - 6pm Saturday,
am - 6pm Sunday (closed holidays)

VALERIE J ALANIS

1050 MINNEWAWA AVE APT 149
CLOVIS, CA 93612

ORDER: 33718404618 1/12/23 01:20 PM

Name: Valerie J Alanis

Medical Record Number: *****3792

Name: Valerie J Xianis				NDC Number		KP Retail		Your Price	
RX Number	Med Qty	Medication Name		NDC Number		KP Retail		Your Price	
2256 1654 9004	100	DICLOFENAC 1 % TOPICAL GEL		65162083366		\$23.68		F \$5.00	
Payment Type	CardType	Card#	ExpDate	TransactionID	Auth#	TransType	Amount		
PAYMENT CARD	MC	8629	****	230112212024	18399Z	Purchase	\$5.00		

Total Prescription Price: \$5.00

Sales Tax: \$0.00

Shipping Cost: \$0.00

Your Order Total: \$5.00

Payment Balance Due: \$0.00

- Check out online features available by signing on to kp.org
- Check order status and track delivery: 24 hrs/day: kp.org/refills
 - or via our mobile app
 - Go paperless: Get health documents on-line: Set your preferences at kp.org/paperless
 - Get notifications: Sign up for text or email messages: Update notification preferences at kp.org/refills
- Get your COVID-19 vaccine to help protect yourself and your loved ones.
Visit kp.org or call our appointment center today.