

## Online Claim Submission

Code: WIX  
Employer: Wix.com, Inc.  
EmpID: 612365141  
EmpName: Geottman, Margret  
Submitted: January 23, 2023  
Batch: 29989619  
Claim Total: \$58.42  
Attachments: 3

| Line | Service Date(s) | Type    | Cost    | Notes   |
|------|-----------------|---------|---------|---|
| 1    | 1/10/2023       | RX      | \$28.42 | Provider: kaiser. For whom: Margret Geottman. |
| 2    | 1/19/2023       | RX      | \$10.00 | Provider: kaiser. For whom: margret geottman. |
| 3    | 1/19/2023       | GENERAL | \$20.00 | Provider: kaiser. For whom: margret geottman. |

Kaiser Permanente  
Payment or Check-In Receipt

MRN: 110007295702  
Visit Coverage: KFHP 1000

Name: GEOTTMAN, MARGRET E  
Spoken Language: English

Appt or Service Date/Time: 01/19/23 4:30 PM  
Check In or Payment Date/Time: 01/19/23 3:41 PM 01/19/2023 3:41 PM

Service Type:  
Appt With: Zaman, Aysha Zahra (M.D.)

Dept: UNC-APC1  
Dept: UNCMED

Amount Due: \$20.00  
Amount Received: \$20.00

Source: Credit Ref: Visa -

Acct: 316901444275  
Encounter: 31871199418

Advanced Directive:  
Receipt: 63701783

Thank you for your payment. If it doesn't cover everything you owe for your visit, you'll get a bill for the difference later, based on your plan details. If you have questions or wish to dispute your charges, please call the Member Services number on your Kaiser Permanente ID card.

To protect your confidential information, please don't put this receipt in the trash at this facility.

Your health info online. Register at [kp.org](http://kp.org) for a healthier way of life.

Visit your doctor's home page at [kp.org/mydoctor](http://kp.org/mydoctor) to view your Preventive Service reminders, check lab results, request refills, use online tools.

PERSONAL PHYSICIAN(S)  
DEHLINGER, MAIA\*OB/GYN OTHER: SCOTT, MEGHAN CHRISTINE (

Cashier: T467019

TTTT: 0055W  
Sales: T467019

SALE

RX 214303773104

10.00 NY

Subtotal

10.00

Total Sales Tax

0.00

Total

10.00

Credit

10.00

Card: Visa

Account: 4786

Auth: 03039D (A)

Entry: Contactless

APPROVED

Mode:

ISSUER

AID:

A0000000031010

TVR:

0000000000

IAD:

06011203A00000

ARC:

00

APP:

VISA CREDIT

Total Tender

10.00

Change Due

0.00

# Kaiser Permanente Mail Order Pharmacy

Livermore CPP Pharmacy  
300 Pullman St  
Livermore, CA 94551

MARGRET GEOTTMAN  
519 SHEPHERD AVE APT 3  
HAYWARD, CA 94544

(888) 218-6245

8am - 6pm Monday - Friday, 8am - 6pm Saturday,  
9am - 6pm Sunday (closed holidays)

ORDER: 33694239857 1/10/23 06:25 PM

Name: Margret E Geottman

Medical Record Number: \*\*\*\*\*5702

|                |  |  |          |  |                           |         |                                  |  |           |            |         |
|----------------|--|--|----------|--|---------------------------|---------|----------------------------------|--|-----------|------------|---------|
| RX Number      |  |  | Med Qty  |  | Medication Name           |         | Medical Record Number: *****5702 |  |           |            |         |
| 2256 2148 4989 |  |  | 300      |  | GABAPENTIN 300 MG CAPSULE |         | NDC Number                       |  | KP Retail | Your Price |         |
| 2256 1614 0529 |  |  | 60       |  | BACLOFEN 10 MG TABLET     |         | 65862019901                      |  | \$28.70   | F \$20.00  |         |
|                |  |  |          |  |                           |         | 00527133001                      |  | \$8.42    | F \$8.42   |         |
| Payment Type   |  |  | CardType |  | Card#                     | ExpDate | TransactionID                    |  | Auth#     | TransType  | Amount  |
| PAYMENT CARD   |  |  | VISA     |  | 4786                      | ****    | 230111022722                     |  | 79725D    | Purchase   | \$28.42 |

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 checkout 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.

Total Prescription Price: \$28.42

Sales Tax: \$0.00

Shipping Cost: \$0.00

Your Order Total: \$28.42

Payment Balance Due: \$0.00

All Prescription Sales are Final. Unopened Over-the-Counter items may be returned for refunds within 30 days with original receipt.  
The Kaiser Permanente Mail Order Pharmacy provides prescription consultation service to all