

## Online Claim Submission

Code: PRM  
Employer: PriMed Management Consulting Serv  
EmplID: 023663148  
EmpName: Paiva, Daranee  
Submitted: January 23, 2023  
Batch: 29991542  
Claim Total: \$81.65  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/22/2023	RX	\$7.09	Provider: Dr. Smrutirekha Misra. For whom: Daranee Paiva.
2	1/10/2023	GENERAL	\$25.00	Provider: Argentina Leon, MD. For whom: Daranee Paiva. <a href="https://www.drwilliamting.com/">https://www.drwilliamting.com/</a> 1/10 appointment was at Livermore location  California Dermatology Care at Livermore (26 miles roundtrip) 48 Fenton Street Livermore, CA 94550
3	1/10/2023	TRAVEL	\$17.03	Provider: Dr. Argentina Leon, MD. For whom: Daranee Paiva. <a href="https://www.drwilliamting.com/">https://www.drwilliamting.com/</a> 1/10 appointment was at Livermore location  California Dermatology Care at Livermore (26 miles roundtrip from home) 48 Fenton Street Livermore, CA 94550
4	1/23/2023	GENERAL	\$25.00	Provider: Argentina Leon MD. For whom: Daranee Paiva. copay
5	1/23/2023	GENERAL	\$7.53	Provider: Argentina Leon. For whom: Daranee Paiva. 1/23 appointment is at California Dermatology Care at San Ramon

(11.5 miles round trip)  
2262 Camino Ramon  
San Ramon, CA 94583

Total: \$7.09  
Total RX: 1  
Signature Required: N  
Counsel: N



YW 1564

If you have any questions, please feel free to contact your Pharmacist at (925)364-9217.  
Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088 or use the internet at [www.fda.gov/Safety/Medwatch/](http://www.fda.gov/Safety/Medwatch/).

Pharmacy hours:	Mon: 09:00 AM - 09:00 PM	Wed: 09:00 AM - 09:00 PM	Fri: 09:00 AM - 09:00 PM	Su
	Tue: 09:00 AM - 09:00 PM	Thu: 09:00 AM - 09:00 PM	Sat: 10:00 AM - 06:00 PM	Lu

PAIVA  
DARANEE  
669 GREYLYN DR



79315 58585

SAN RAMON, CA 94583

OC# 355 923 821 176 592 384 107 659 238  
WAL-MART NEIGHBORHOOD MA 10-5610 PRIORITY: IN STORE  
9100 ALCOSTA BLVD NEW

SAN RAMON, CA 94583-0000

NABP: 5644465 NPI: 1366707648

Reduced Paper: N

RX: 6749754

Ref = 3

DATE: 01/22/23

Patient Pay: \$7.09

Cash: \$9.00

HCA

AMLODIPINE 5MG TAB ASC NI  
DIRECTIONS: TAKE 1 TABLET BY MOUTH O

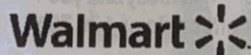
MISRA, SMRUTIREKHA

Prescriber NPI: 1821067547

QTY: 30 DAW: 0 DAY SUPPLY: 30

TP REF # 230225201300107998, 230225201300

Give us feedback @ [survey.walmart.com](http://survey.walmart.com)  
Thank you! ID #: 7S6UQH1YR83P



925-364-9207 Mgr: ROBERT

9100 ALCOSTA BLVD

SAN RAMON, CA, 94583

ST# 05610 OP# 001165 TEN 79 TR# 04255  
RX# XXX9754 D38 QTY 1H 7.09 0

- HCA  
SUBTOTAL 7.09

TOTAL 7.09

VISA TEND 7.09

VISA CREDIT \*\*\*\* \* 4668 I 1

APPROVAL # 158688

REF # 302200661562

TRANS ID - 583022749051756

VALIDATION - T686

PAYMENT SERVICE - E

AID A0000000031010

AAC 9A892C38E21187CA

TERMINAL # SC010696

01/22/23 12:48:29

CHANGE DUE 0.00

# ITEMS SOLD 1

TC# 6936 9699 3823 7153 1624



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01/22/23 12:48:29

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41 AM

about:blank

California Dermatology Care 2262 Camino  
Ramon  
2262 Camino Ramon  
SAN RAMON, CA 94583  
(925) 328-0255

Transaction ID	2337897402
Transaction Result	APPROVAL 06816G
Transaction Date	01/10/2023
Transaction Time	01:41:26 PM PST8PDT
Transaction Type	Sale
Cardholder Name	VISA CARDHOLDER
Card Brand	Visa
Card Class	Credit
Account Number	*****4668 ✓
Requested Amount	\$25.00 USD
Amount	\$25.00 USD

**Advanced Dermatology Care, Inc - San Ramon**

2262 Camino Ramon  
San Ramon, CA 94583-1353

PCC:

Patient Name: Palva, Daranee  
Receipt Date: 1/23/2023

**RECEIPT FOR PAYMENT**

Payment Date: 1/23/2023  
Description: Copay - OFFICE VISIT COPAY  
Method: Credit Card  
**Amount: \$25.00**

Cardholder's Name: KONGSINPORN DARANEE  
Credit Card Type: visa  
Credit Card Number: XXXXXXXXXXXX4668

Service Date	Description	Quantity	Charge Total	Applied
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Sub-Total  
Tax

Total Applies: \$0.00  
**Amount Left To Apply: \$25.00**