

Online Claim Submission

Code: RTH
Employer: Rothy's
EmpID: 637266940
EmpName: Wilson, Lauren
Submitted: January 23, 2023
Batch: 29990817
Claim Total: \$163.96
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/23/2023	RX	\$163.96	Provider: Alto Pharmacy. For whom: Lauren Wilson.



Alto Pharmacy
1400 Tennessee St, Unit 2
San Francisco, CA 94107
1 (800) 874-5881
TIN: 474390076

Prepared for: Lauren Wilson
Date of Birth: 08/12/1991

Invoice Date	Date of Service	Medication	Rx Number	Qty	Doctor	Cost
01/23/2023		Dexcom G6 Sensor NDC: 08627005303	947727001	9.0 = 9 Eaches Primary insurance billed BIN: 020099 PCN: AC ID: 177W0198920	U Masharani	\$90.00
01/23/2023		Dexcom G6 Transmitter NDC: 08627001601	947727002	1.0 = 1 Each Primary insurance billed BIN: 020099 PCN: AC ID: 177W0198920	U Masharani	\$60.95
01/23/2023		Advil 200 MG NDC: 00573015040	OTC947727015	100.0 = 100	O Cash	\$13.01
						Balance Due \$163.96
						Total Paid \$163.96





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