

## Online Claim Submission

Code: SWA  
Employer: WA State PEBB  
EmpID: 410458415  
EmpName: TSAO, AILEEN  
Submitted: January 23, 2023  
Batch: 29988893  
Claim Total: \$117.65  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	12/19/2022	RX	\$117.65	Provider: Kurachi. For whom: Aileen Tsao. 12/19/2022

# PATIENT HISTORY REPORT

Date: 01/20/2023

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BARTELL DRUGS # 06908  
BARTTELL DRUGS-9600 15TH AVE SW  
9600 15TH AVE SW  
SEATTLE, WA 98106  
(206) 763-2728

12/01/2022 To 01/20/2023

TSAO, AILEEN  
SEATTLE, WA 98106-5101  
(585) 766-7075 DOB: 06/01/1984

Rx #	STORE	CF	RF	DATE	NDC	RPH	MEDICATION	QTY DSP	DAYS SPLY	RETAIL PRICE	AMT PAID
				INSTRUCTION				CLM REF #	PRESCRIBER		
129435	6908	N	0	12/19/2022	00037682210	EK1	PROCTOFOAM-HC 1%-1% FOAM	10.0	30	\$225.99	\$117.65
APPLY ONE APPLICATION TO THE AFFECTED AREA(S) TWO TIMES DAILY - AS NEEDED								6641480212198B	KURACHI, AKIKO L		
TOTAL AMOUNT:										\$225.99	\$117.65

I certify that these medications were dispensed to the above by the order of a physician/licensed medical provider.

Pharmacist's Signature:

Date:

- \* quantity in (f) represents full prescription quantity that will be filled and billed when script is completed.
- \*\* quantity in (f) represent partial quantity that was received by patient and billed.

\*\*\*\*\*THIS REPORT CONTAINS PATIENT HEALTH INFORMATION WHICH IS LEGALLY PROTECTED UNDER HIPAA LEGISLATION.\*\*\*\*\*  
\*\*\*\*\*THIS INFORMATION MUST BE USED AND STORED IN ACCORDANCE WITH OUR COMPANY'S PRIVACY POLICIES.\*\*\*\*\*

\*\*\*\*\* END OF REPORT \*\*\*\*\*