# Online Claim Submission

Code: NWC

Employer: NW Cascade, Inc.

EmpID: 541925432

EmpName: Quinlan, Carey

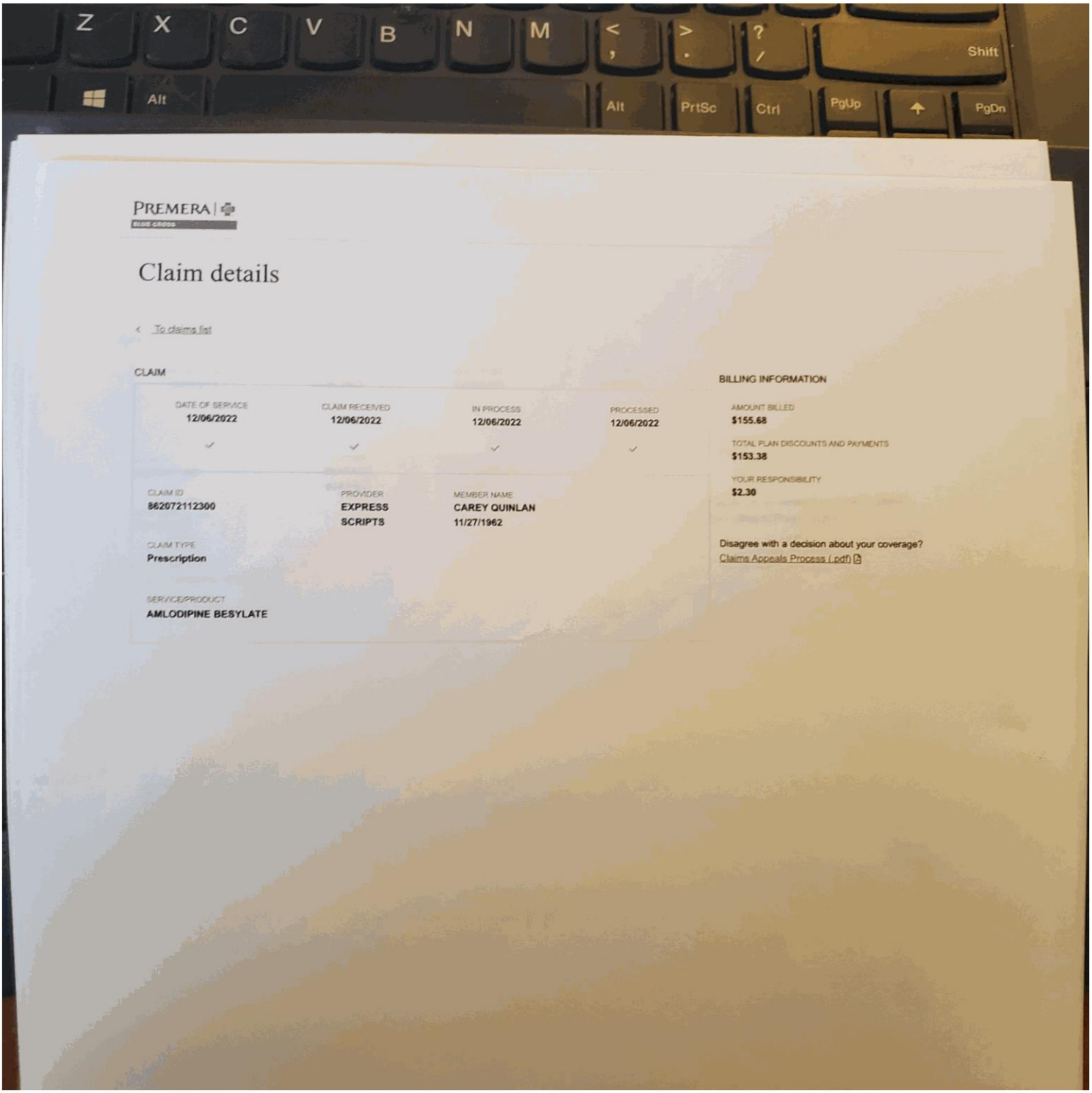
Submitted: January 23, 2023

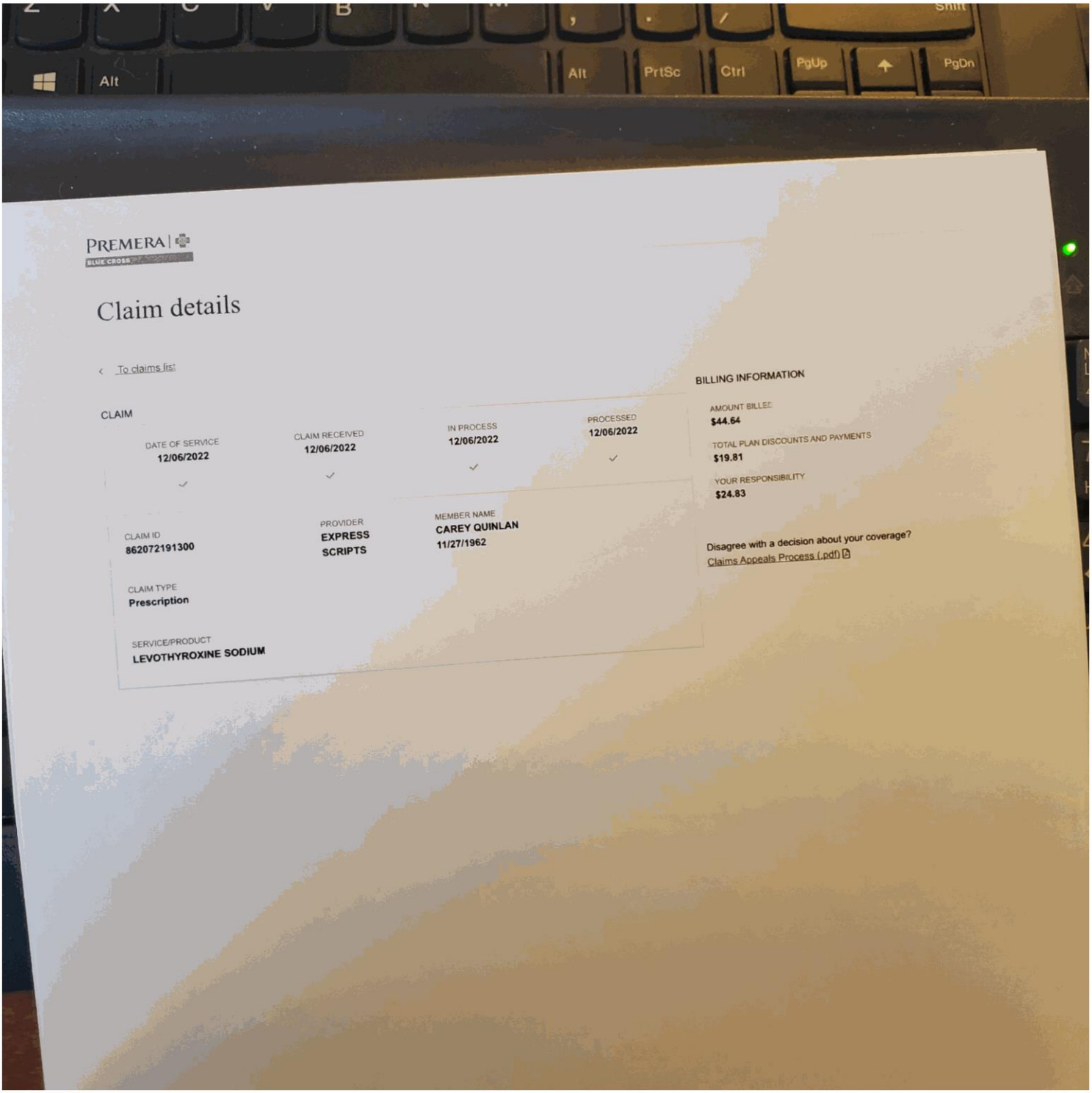
Batch: 29990867

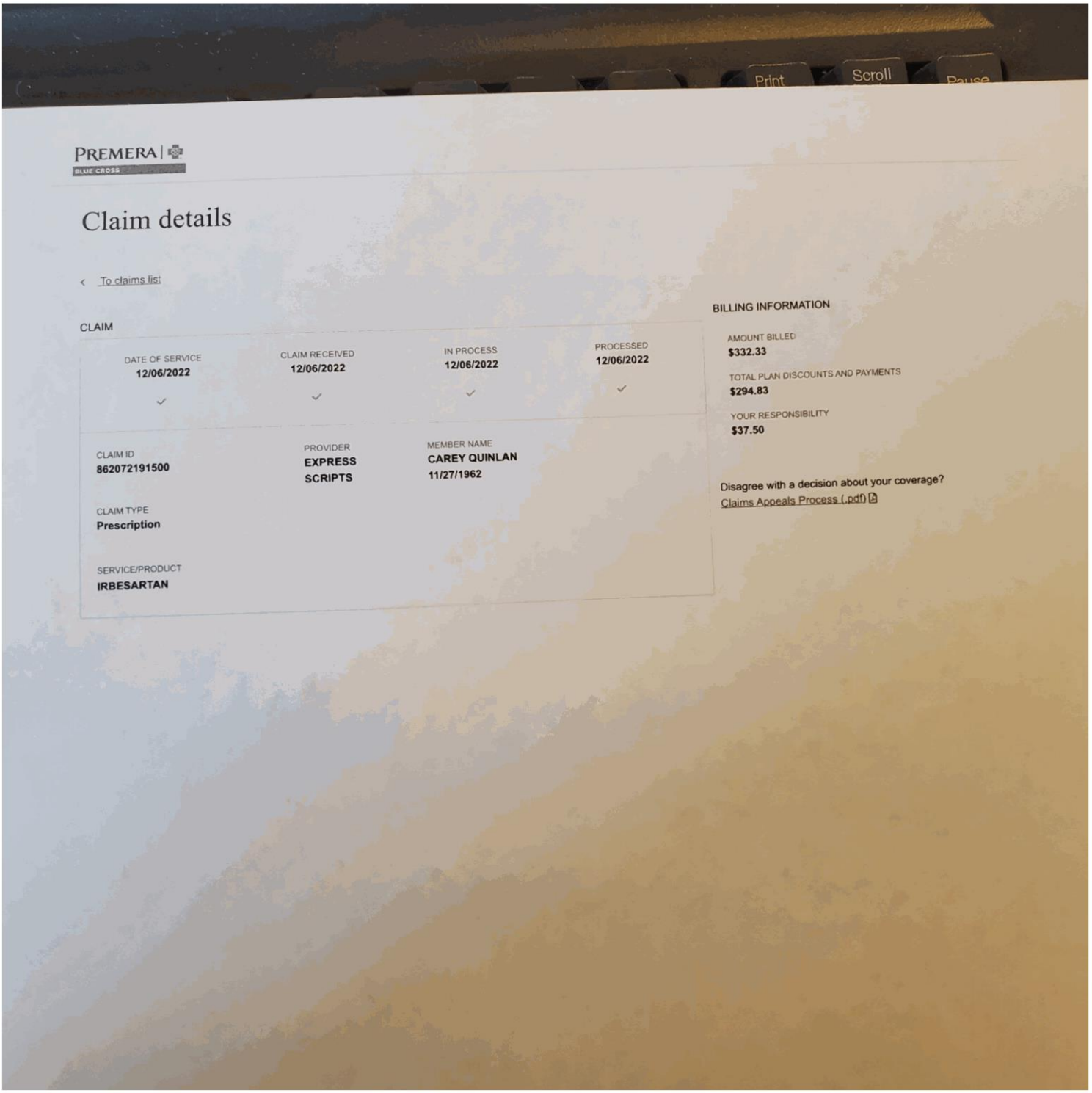
Claim Total: $64.63

Attachments: 3

| Line | Service Date(s) | Type | Cost | Notes |
|---|---|---|---|---|
| **1** | 12/6/2022 | RX | $64.63 | Provider: express. For whom: c quinlan. |


PREMERA | BLUE CROSS
Claim details
< To claims list
CLAIM
DATE OF SERVICE
12/06/2022
CLAIM RECEIVED
12/06/2022
IN PROCESS
12/06/2022
PROCESSED
12/06/2022
CLAIM ID
862072112300
PROVIDER
EXPRESS SCRIPTS
MEMBER NAME
CAREY QUINLAN
11/27/1962
CLAIM TYPE
Prescription
SERVICE/PRODUCT
AMLODIPINE BESYLATE
BILLING INFORMATION
AMOUNT BILLED
$155.68
TOTAL PLAN DISCOUNTS AND PAYMENTS
$153.38
YOUR RESPONSIBILITY
$2.30
Disagree with a decision about your coverage?
Claims Appeals Process (.pdf)


PREMERA
BLUE CROSS
Claim details
To claims list
CLAIM
DATE OF SERVICE
12/06/2022
CLAIM RECEIVED
12/06/2022
IN PROCESS
12/06/2022
PROCESSED
12/06/2022
CLAIM ID
862072191300
PROVIDER
EXPRESS SCRIPTS
MEMBER NAME
CAREY QUINLAN
11/27/1962
CLAIM TYPE
Prescription
SERVICE/PRODUCT
LEVOTHYROXINE SODIUM
BILLING INFORMATION
AMOUNT BILLED
$44.64
TOTAL PLAN DISCOUNTS AND PAYMENTS
$19.81
YOUR RESPONSIBILITY
$24.83
Disagree with a decision about your coverage?
Claims Appeals Process (.pdf)


Print
Scroll
PREMERA | BLUE CROSS
Claim details
To claims list
CLAIM
DATE OF SERVICE
12/06/2022
CLAIM RECEIVED
12/06/2022
IN PROCESS
12/06/2022
PROCESSED
12/06/2022
CLAIM ID
862072191500
PROVIDER
EXPRESS SCRIPTS
MEMBER NAME
CAREY QUINLAN
11/27/1962
CLAIM TYPE
Prescription
SERVICE/PRODUCT
IRBESARTAN
BILLING INFORMATION
AMOUNT BILLED
$332.33
TOTAL PLAN DISCOUNTS AND PAYMENTS
$294.83
YOUR RESPONSIBILITY
$37.50
Disagree with a decision about your coverage?
Claims Appeals Process (.pdf)