

Online Claim Submission

Code: OKT
Employer: Okta, Inc
EmpID: 223946207
EmpName: An, Kyong
Submitted: January 23, 2023
Batch: 29988872
Claim Total: \$659.82
Attachments: 10

| Line | Service Date(s) | Type | Cost | Notes |
|------|-----------------|------|----------|--|
| 1 | 1/1/2022 | RX | \$659.82 | Provider: Walgreens. For whom: Kyong An. On page 10 is a summary of all charges. \$659.82. |

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

| Prescription Number | Medication | NDC | RPH | Prescriber | Ins. Plan(s) Claim Ref#(s) | Date of Service | Quantity | Price |
|---|--|---------------|-----|---------------|-------------------------------|--------------------|----------|-------|
| 1564536-01084 | METFORMIN ER 500MG 24HR TABS Your insurance saved you \$199.86 | 70010-0491-05 | KAW | SEBASTIAN, G. | CABS / 223441885671292999 | 12/10/22 | 327.000 | 7.03 |
| Total Fillings: 1 | | | | | | Subtotal: | 327.000 | 7.03 |
| 1564641-01084 | ALBUTEROL HFA INH (200 PUFFS)8.5GM Your insurance saved you \$34.99 | 00093-3174-31 | KKS | SEBASTIAN, G. | CABS / 223446244291365997 | 12/10/22 | 8.500 | 10.00 |
| Total Fillings: 1 | | | | | | Subtotal: | 8.500 | 10.00 |
| Total Scripts: 48 | | | | | | Total Price: | 659.82 | |
| Using generics saved you a total of | | | | | | 0.00 | | |
| Using more generics could have saved you a total of | | | | | | 0.00 | | |
| Your insurance saved you a total of | | | | | | 11926.86 | | |
| Your cash quantity discount saved you a total of | | | | | | 0.00 | | |

The Manager and Staff at Walgreens
Thank You For Your PatronageFor your convenience, this information is available online at www.walgreens.com
Ask our pharmacy staff for more information.Please be aware that certain insurance claim information may not be included in this report. Please speak with a
pharmacy staff member if you have questions regarding payments for your prescriptions.

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950

Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133

Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M
Allergy Conditions: <ALLERGY HISTORY NOT KNOWN>
Health Conditions: We have health conditions on file

| Prescription Number | Medication | NDC | RPh | Prescriber | Ins. Plan(s) Claim Ref(s) | Date of Service | Quantity | Price |
|---------------------|---|---------------|-----|--------------|------------------------------|--------------------|----------|-------|
| 1377294-01084 | BREO ELLIPTA 100-25MCG ORAL INH (30) Your insurance saved you \$443.99 | 00173-0859-10 | FAR | ASSEM, S. | CABS / 220385230024188999 | 02/07/22 | 60.000 | 20.00 |
| | | | | | Total Fillings: 1 | Subtotal: | 60.000 | 20.00 |
| 1464364-01084 | ALBUTEROL HFA INH (200 PUFFS) 8.5GM Your insurance saved you \$34.99 | 00093-3174-31 | FAR | HOUGHTON, A. | CABS / 220385212936102999 | 02/07/22 | 8.500 | 10.00 |
| | | | | | Total Fillings: 1 | Subtotal: | 8.500 | 10.00 |
| 1476035-01084 | SUTAB TABLETS Your insurance saved you \$137.99 | 52268-0201-01 | KKS | BRYANT, M. | THFRT / U22031N498G100 | 01/31/22 | 24.000 | 50.00 |
| | | | | | Total Fillings: 1 | Subtotal: | 24.000 | 50.00 |
| 1487015-01084 | ALBUTEROL HFA INH (200 PUFFS) 6.7GM Your insurance saved you \$91.99 | 69097-0142-60 | KKS | ASSEM, S. | CABS / 220733678776277999 | 03/14/22 | 13.400 | 30.00 |

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

| Prescription Number | Medication | NDC | RPh | Prescriber | Ins. Plan(s) Claim Ref#(s) | Date of Service | Quantity | Price |
|---------------------|--|---------------|-----|---------------|-------------------------------|-----------------|-----------|---------------|
| 1487015-01084 | ALBUTEROL HFA INH (200 PUFFS) 6.7GM Your insurance saved you \$92.21 | 69097-0142-60 | DLD | ASSEM, S. | CABS / 22146504727224999 | 05/26/22 | 13.400 | 29.78 |
| Total Fillings: 2 | | | | | | | Subtotal: | 26.800 59.78 |
| 1489708-01084 | BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99 | 00173-0859-10 | REL | SEBASTIAN, G. | CABS / 220823617957051999 | 03/23/22 | 60.000 | 20.00 |
| 1489708-01084 | BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99 | 00173-0859-10 | KKS | SEBASTIAN, G. | CABS / 221156867988210999 | 04/25/22 | 60.000 | 20.00 |
| 1489708-01084 | BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99 | 00173-0859-10 | KKS | SEBASTIAN, G. | CABS / 221425201032099999 | 05/22/22 | 60.000 | 20.00 |
| Total Fillings: 3 | | | | | | | Subtotal: | 180.000 60.00 |
| 1498792-01084 | METFORMIN ER 500MG 24HR TABS Your insurance saved you \$57.26 | 70010-0491-05 | KKS | SEBASTIAN, G. | CABS / 221164138064126998 | 04/26/22 | 120.000 | 2.73 |
| 1498792-01084 | METFORMIN ER 500MG 24HR TABS Your insurance saved you \$57.26 | 70010-0491-05 | DLD | SEBASTIAN, G. | CABS / 221465047380049999 | 05/26/22 | 120.000 | 2.73 |

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

| Prescription Number | Medication | NDC | RPh | Prescriber | Ins. Plan(s) Claim Ref#(s) | Date of Service | Quantity | Price |
|---------------------|--|---------------|-----|---------------|-------------------------------|--------------------|----------|-------|
| 1498792-01084 | METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26 | 70010-0491-05 | KKS | SEBASTIAN, G. | CABS / 221765720594221999 | 06/25/22 | 120.000 | 2.73 |
| 1498792-01084 | METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26 | 70010-0491-05 | KKS | SEBASTIAN, G. | CABS / 222065356666270999 | 07/25/22 | 120.000 | 2.73 |
| 1498792-01084 | METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26 | 70010-0491-05 | KKS | SEBASTIAN, G. | CABS / 222414987418100999 | 08/29/22 | 120.000 | 2.73 |
| 1498792-01084 | METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26 | 70010-0491-05 | KKS | SEBASTIAN, G. | CABS / 222765018072235999 | 10/03/22 | 120.000 | 2.73 |
| 1498792-01084 | METFORMIN ER 500MG 24HR TABS Your insurance saved you \$75.26 | 70010-0491-05 | KKS | SEBASTIAN, G. | CABS / 223134282857295999 | 11/09/22 | 120.000 | 2.73 |
| | | | | | Total Fillings: 7 | Subtotal: | 840.000 | 19.11 |
| 1498799-01084 | ACCU-CHEK GUIDE CARE KIT Your insurance saved you \$29.99 | 65702-0729-10 | KKS | SEBASTIAN, G. | CABS / 221164237139282997 | 04/26/22 | 1.000 | 0.00 |
| | | | | | Total Fillings: 1 | Subtotal: | 1.000 | 0.00 |

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

| Prescription Number | Medication | NDC | RPh | Prescriber | Ins. Plan(s) Claim Ref#(s) | Date of Service | Quantity | Price |
|---------------------|--|---------------|-----|---------------|-------------------------------|--------------------|----------|--------|
| 1498804-01084 | ACCU-CHEK GUIDE TEST STRIPS 100S Your insurance saved you \$51.98 | 65702-0712-10 | KKS | SEBASTIAN, G. | CABS / 221164268848175998 | 04/26/22 | 200.000 | 60.00 |
| 1498804-01084 | ACCU-CHEK GUIDE TEST STRIPS 100S Your insurance saved you \$51.98 | 65702-0712-10 | KKS | SEBASTIAN, G. | CABS / 222025009430102999 | 07/21/22 | 200.000 | 60.00 |
| | | | | | Total Fillings: 2 | Subtotal: | 400.000 | 120.00 |
| 1498806-01084 | SOFTCLIX LANCETS Your insurance saved you \$15.78 | 50924-0971-10 | FAR | SEBASTIAN, G. | CABS / 221164283957316996 | 04/26/22 | 200.000 | 22.20 |
| 1498806-01084 | SOFTCLIX LANCETS Your insurance saved you \$27.5 | 50924-0971-10 | KAW | SEBASTIAN, G. | CABS / 222025009301007997 | 07/21/22 | 100.000 | 10.48 |
| 1498806-01084 | SOFTCLIX LANCETS Your insurance saved you \$7.27 | 50924-0971-10 | KKS | SEBASTIAN, G. | CABS / 222025009301007998 | 07/21/22 | 100.000 | 11.72 |
| | | | | | Total Fillings: 3 | Subtotal: | 400.000 | 44.40 |
| 1512373-01084 | VALACYCLOVIR 1GM TABLETS Your insurance saved you \$220.19 | 00378-4276-77 | KAW | SEBASTIAN, G. | CABS / 221664148131106996 | 06/15/22 | 60.000 | 10.00 |
| | | | | | Total Fillings: 1 | Subtotal: | 60.000 | 10.00 |

Confidential Patient Information

Report date/time: 01/17/2023 12:48 PM

Prescription Profile

01/01/2022 through 12/31/2022

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950

Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133

Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

| Prescription Number | Medication | NDC | RPh | Prescriber | Ins. Plan(s) Claim Ref#(s) | Date of Service | Quantity | Price |
|---------------------|--|---------------|-----|---------------|-------------------------------|--------------------|----------|-------|
| 1512374-01084 | DORZOLAMIDE 2% OPTH SOLN 10ML Your insurance saved you \$56.53 | 24208-0485-10 | KAW | SEBASTIAN, G. | CABS / 221664150114320998 | 06/15/22 | 10.000 | 9.46 |
| | | | | | Total Fillings: 1 | Subtotal: | 10.000 | 9.46 |
| 1512382-01084 | RYBELSUS 3MG TABLETS Your insurance saved you \$1050.0 | 00169-4303-30 | KAW | SEBASTIAN, G. | CABS / 221664250037040998 | 06/15/22 | 30.000 | 20.00 |
| | | | | | Total Fillings: 1 | Subtotal: | 30.000 | 20.00 |
| 1515994-01084 | LOSARTAN 25MG TABLETS Your insurance saved you \$45.15 | 65862-0201-99 | MMG | SIMMONS, D. | CABS / 221794387382037998 | 06/28/22 | 30.000 | 0.84 |
| | | | | | Total Fillings: 1 | Subtotal: | 30.000 | 0.84 |
| 1516414-01084 | BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99 | 00173-0859-10 | KKS | SEBASTIAN, G. | CABS / 221805691087138998 | 06/29/22 | 60.000 | 20.00 |

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

| Prescription Number | Medication | NDC | RPh | Prescriber | Ins. Plan(s) Claim Ref#(s) | Date of Service | Quantity | Price |
|---------------------|--|---------------|-----|---------------|-------------------------------|--------------------|-------------------|-------|
| 1516414-01084 | BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99 | 00173-0859-10 | KKS | SEBASTIAN, G. | CABS / 222065356561308999 | 07/25/22 | 60.000 | 20.00 |
| 1516414-01084 | BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99 | 00173-0859-10 | KKS | SEBASTIAN, G. | CABS / 222834297705141998 | 10/10/22 | 60.000 | 20.00 |
| 1516414-01084 | BREO ELLIPTA 100-25MCG ORAL INH(30) Your insurance saved you \$443.99 | 00173-0859-10 | KKS | SEBASTIAN, G. | CABS / 223441886006106999 | 12/10/22 | 60.000 | 20.00 |
| Total Fillings: 4 | | | | | | | Subtotal: 240.000 | 80.00 |
| 1519992-01084 | LOSARTAN 25MG TABLETS Your insurance saved you \$123.68 | 65862-0201-99 | KAW | SEBASTIAN, G. | CABS / 221964015757311999 | 07/15/22 | 90.000 | 2.21 |
| 1519992-01084 | LOSARTAN 25MG TABLETS Your insurance saved you \$123.68 | 65862-0201-99 | KKS | SEBASTIAN, G. | CABS / 222205927206141999 | 08/08/22 | 90.000 | 2.21 |
| 1519992-01084 | LOSARTAN 25MG TABLETS Your insurance saved you \$123.68 | 65862-0201-99 | KKS | SEBASTIAN, G. | CABS / 222755232572045999 | 10/02/22 | 90.000 | 2.21 |
| Total Fillings: 3 | | | | | | | Subtotal: 270.000 | 6.63 |

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

| Prescription Number | Medication | NDC | RPh | Prescriber | Ins. Plan(s) Claim Ref#(s) | Date of Service | Quantity | Price |
|---------------------|---|---------------|-----|---------------|-------------------------------|--------------------|----------|-------|
| 1521055-01084 | RYBELSUS 7MG TABLETS Your insurance saved you \$1050.0 | 00169-4307-30 | SMS | SEBASTIAN, G. | CABS / 221967097556255998 | 07/15/22 | 30.000 | 20.00 |
| 1521055-01084 | RYBELSUS 7MG TABLETS Your insurance saved you \$1050.0 | 00169-4307-30 | KKS | SEBASTIAN, G. | CABS / 22284743730241999 | 08/16/22 | 30.000 | 20.00 |
| 1521055-01084 | RYBELSUS 7MG TABLETS Your insurance saved you \$1050.0 | 00169-4307-30 | AWD | SEBASTIAN, G. | CABS / 222625707556194999 | 09/19/22 | 30.000 | 20.00 |
| 1521055-01084 | RYBELSUS 7MG TABLETS Your insurance saved you \$1050.0 | 00169-4307-30 | KKS | SEBASTIAN, G. | CABS / 222851894927199999 | 10/12/22 | 30.000 | 20.00 |
| | | | | | Total Fillings: 4 | Subtotal: | 120.000 | 80.00 |
| 1525966-01084 | ALBUTEROL HFA INH (200 PUFFS) 6.7GM Your insurance saved you \$50.99 | 69097-0142-60 | KAW | SEBASTIAN, G. | CABS / 222147106544296998 | 08/02/22 | 6.700 | 10.00 |
| | | | | | Total Fillings: 1 | Subtotal: | 6.700 | 10.00 |
| 1526927-01084 | LATANOPROST 0.005% OPTH SOLN 2.5ML Your insurance saved you \$37.14 | 59762-0333-02 | DLD | JONES, E. | CABS / 222176659632255998 | 08/05/22 | 2.500 | 4.85 |

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

| Prescription Number | Medication | NDC | RPh | Prescriber | Ins. Plan(s) Claim Ref#(s) | Date of Service | Quantity | Price |
|---------------------|---|---------------|-----|---------------|-------------------------------|--------------------|----------|-------|
| 1526927-01084 | LATANOPROST 0.005% OPHTH SOLN 2.5ML Your insurance saved you \$37.14 | 59762-0333-02 | KKS | JONES, E. | CABS / 222414987302091999 | 08/29/22 | 2.500 | 4.85 |
| 1526927-01084 | LATANOPROST 0.005% OPHTH SOLN 2.5ML Your insurance saved you \$37.14 | 59762-0333-02 | REL | JONES, E. | CABS / 222685255605150999 | 09/25/22 | 2.500 | 4.85 |
| | | | | | Total Fillings: 3 | Subtotal: | 7.500 | 14.55 |
| 1527230-01084 | VALACYCLOVIR 1GM TABLETS Your insurance saved you \$332.29 | 00378-4276-77 | KKS | PASADHIKA, S. | CABS / 222204259196135999 | 08/08/22 | 90.000 | 10.00 |
| | | | | | Total Fillings: 1 | Subtotal: | 90.000 | 10.00 |
| 1527727-01084 | LOSARTAN 100MG TABLETS Your insurance saved you \$174.71 | 65862-0203-99 | KAW | BOHLING, M. | CABS / 222215703039172998 | 08/09/22 | 90.000 | 4.28 |
| | | | | | Total Fillings: 1 | Subtotal: | 90.000 | 4.28 |

Confidential Patient Information
Prescription Profile
01/01/2022 through 12/31/2022

Report date/time: 01/17/2023 12:48 PM

Patient Info: KYONG AN
16020 NE CAPLES RD
BRUSH PRAIRIE, WA 98606-950Store Info: 808 W MAIN ST STE 101
BATTLE GROUND, WA 986049136
(360)687-5133Patient Phone: (858)699-5432
Date of Birth: 12/22/1971
Gender: M

| Prescription Number | Medication | NDC | RPh | Prescriber | Ins. Plan(s) Claim Ref#(s) | Date of Service | Quantity | Price |
|---------------------|--|---------------|-----|---------------|-------------------------------|--------------------|----------|-------|
| 1540562-01084 | SHINGRIX 50MCG INJ(IM)SNGDSE VL10PK Your insurance saved you \$205.99 | 58160-0823-11 | VVV | DEVORE, D. | CABS / 222656332073314999 | 09/22/22 | 1.000 | 0.00 |
| | | | | | Total Fillings: 1 | Subtotal: | 1.000 | 0.00 |
| 1543393-01084 | DORZOLAMIDE 2% OPTH SOLN 10ML Your insurance saved you \$56.53 | 24208-0485-10 | KKS | JONES, E. | CABS / 222766317065234998 | 10/03/22 | 10.000 | 9.46 |
| | | | | | Total Fillings: 1 | Subtotal: | 10.000 | 9.46 |
| 1554722-01084 | LOSARTAN 100MG TABLETS Your insurance saved you \$174.71 | 65862-0203-99 | KAW | SEBASTIAN, G. | CABS / 223124332798225999 | 11/08/22 | 90.000 | 4.28 |
| | | | | | Total Fillings: 1 | Subtotal: | 90.000 | 4.28 |
| 1556045-01084 | FLUARIX QUAD PF INJ 2022-23 0.5ML Your insurance saved you \$57.59 | 58160-0890-52 | VVV | WISDOM, K. | CABS / 223155781283103999 | 11/11/22 | 0.500 | 0.00 |
| | | | | | Total Fillings: 1 | Subtotal: | 0.500 | 0.00 |