

Online Claim Submission

Code: YND
Employer: Velodyne Lidar USA, Inc.
EmpID: 002183
EmpName: Luo, Qi
Submitted: January 23, 2023
Batch: 29988793
Claim Total: \$72.10
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/20/2023	RX	\$72.10	Provider: Kaiser Permanente. For whom: Maggie Luo.



**KAISER
PERMANENTE®**

San Ramon M08 Pharmacy
2300 Camino Ramon
San Ramon, CA 94583
925-244-7440

1/20/23
Trans: 6674
Reg: 003
Cashier: 0682198
Store: 02931
Title: 003T
Sales: 0682198

SALE

RX 293104016972 22.10 NV

RX 293104016971 10.00 NV

CETIRIZINE 10MG #100 TAB 15.39 T

3435881123 1 15.39

RX 293104016973 30.00 NV

RX 293104016978 10.00 NV

Subtotal 87.49
Total Sales Tax 1.35

Total 88.84

Credit
Card: Visa
Account: 5029
Auth: 039710 (A)
Entry: Chip Read

APPROVED

Mode: ISSUER
ATD: A0000000031010
TVR: 8080008000
IAD: 06011203A0A000
TSI: 6800
ARC: 00
APP: VISA CREDIT

Total Tender 88.84

Change Due 0.00



02931003667420230120

V=Health Care Eligible
Healthcare Eligible Amount 72.10

Healthcare summary above includes items (and tax) that may be eligible for plan reimbursement. Restrictions may apply.