

# Claims

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## Claims Date Range

From 01/01/2023 to 12/31/2023

Enter claim number or keyword

## Filter Options

Medical & Pharmacy

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Sort By

Processed Date - Newest to Oldest

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Eric's Claim Date of Service - 12/18/2023

 Approved - 01/19/2024



### V Ojili

Medical Claim # EG95601037

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$196.00	\$101.19	\$94.81	\$0.00	\$0.00

[More Options](#) ▼

Not Marked As Paid

Eric's Claim Date of Service - 09/14/2023

✔ Approved - 01/18/2024



# Baylor Scott & White

Medical Claim # ED09602907

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$325.00	\$325.00	\$0.00	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 07/03/2023

✔ Approved - 01/18/2024



# Baylor Scott & White

Medical Claim # DY28775446

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$325.00	\$325.00	\$0.00	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 12/08/2023

✔ Approved - 01/13/2024



## Baylor Scott & White

Medical Claim # EF86346688

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1,258.03	\$1,258.03	\$0.00	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Agata's Claim Date of Service - 09/11/2023

✔ Approved - 01/13/2024



## Baylor Scott & White

Medical Claim # ED05949109

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1,490.55	\$1,490.55	\$0.00	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 11/29/2023

✔ Approved - 12/27/2023



**M Hilario**

Medical Claim # EG01854112

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$436.00	\$321.02	\$114.98	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 12/18/2023

✔ Approved - 12/24/2023



**University Health**

Medical Claim # EG22042399

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$7,317.13	\$6,324.13	\$993.00	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 12/20/2023

✔ Processed - 12/20/2023



# University Hospital Outpatient Phar

ASPIRIN LOW TAB 81MG EC

Pharmacy Claim # 233546246001241999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1.13	\$0.00	\$1.13	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 12/20/2023

✔ Processed - 12/20/2023



# University Hospital Outpatient Phar

TACROLIMUS CAP 1MG

Pharmacy Claim # 233546246001205999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$64.74	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 12/15/2023

✔ Processed - 12/15/2023



## Walmart Pharmacy 10-3169 103169

LOTEPREDNOL SUS 0.5%

Pharmacy Claim # 233495420023235999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$196.18	\$0.00	\$196.18	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 11/29/2023

✔ Approved - 12/12/2023



## University Health

Medical Claim # EF67627025

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$183.00	\$94.24	\$88.76	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 12/08/2023

✔ Approved - 12/12/2023



## K Watkins

Medical Claim # EF78679077

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$245.00	\$119.59	\$125.41	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 11/20/2023

✔ Approved - 12/01/2023



## Clinical Pathology

Medical Claim # EF36183723

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$478.80	\$445.36	\$33.44	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 11/20/2023

✔ Approved - 11/29/2023



## Clinical Pathology

Medical Claim # EF36183712

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$276.38	\$238.58	\$37.80	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 11/25/2023

✔ Processed - 11/25/2023



## University Hospital Outpatient Phar

TACROLIMUS CAP 1MG

Pharmacy Claim # 233294462626257999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$64.74	\$0.00	\$0.00

More Options ▼

Not Marked As Paid



Agata's Claim Date of Service - 11/03/2023

✔ Approved - 11/07/2023



# R Shepherd

Medical Claim # EE73980255

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$260.00	\$113.62	\$146.38	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 10/28/2023

✔ Processed - 10/28/2023



# University Hospital Outpatient Phar

TACROLIMUS CAP 1MG

Pharmacy Claim # 233012145037261999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$64.74	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 10/13/2023

✔ Approved - 10/27/2023



# Clinical Pathology

Medical Claim # EE24485513

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$478.80	\$445.36	\$33.44	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 10/13/2023

✔ Approved - 10/24/2023



# Clinical Pathology

Medical Claim # EE24485511

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$276.38	\$238.58	\$37.80	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Agata's Claim Date of Service - 10/21/2023

✔ Processed - 10/21/2023



# Walmart Pharmacy 10-3169 103169

FLUBLOK QUAD INJ 2023-24

Pharmacy Claim # 232940752323224999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$45.00	\$0.00	\$45.00	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 10/21/2023

✔ Processed - 10/21/2023



# Walmart Pharmacy 10-3169 103169

FLUBLOK QUAD INJ 2023-24

Pharmacy Claim # 232940752319215999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$45.00	\$0.00	\$45.00	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 09/20/2023

✔ Processed - 09/20/2023



# University Hospital Outpatient Phar

TACROLIMUS CAP 1MG

Pharmacy Claim # 232630416181244999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$64.74	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 09/19/2023

✔ Processed - 09/19/2023



# University Hospital Outpatient Phar

ASPIRIN LOW TAB 81MG EC

Pharmacy Claim # 232621796825251999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1.13	\$0.00	\$1.13	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 09/14/2023

✔ Approved - 09/19/2023



**K Cox**

Medical Claim # ED07496013

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$142.00	\$63.50	\$78.50	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Agata's Claim Date of Service - 09/11/2023

✔ Approved - 09/14/2023



**L Hernandez**

Medical Claim # EC93742588

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$229.00	\$113.96	\$115.04	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 08/28/2023

✔ Processed - 08/28/2023



## University Hospital Outpatient Phar

TACROLIMUS CAP 1MG

Pharmacy Claim # 232402849198201999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$64.74	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 06/21/2023

✔ Approved - 08/06/2023



## R Tiwari

Medical Claim # EA12981683

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$196.00	\$101.19	\$94.81	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 07/31/2023

✔ Processed - 07/31/2023



# University Hospital Outpatient Phar

TACROLIMUS CAP 1MG

Pharmacy Claim # 232122818058275999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$64.74	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 06/29/2023

✔ Approved - 07/21/2023



# F Rodas-choa

Medical Claim # DY37711712

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$436.00	\$328.78	\$107.22	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 06/29/2023

✔ Approved - 07/07/2023



# University Health

Medical Claim # DY19434235

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$183.00	\$94.24	\$88.76	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 06/23/2023

✔ Approved - 07/04/2023



# Clinical Pathology

Medical Claim # DY03567541-02

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$349.15	\$317.83	\$31.32	\$0.00	\$0.00

More Options ▼

Not Marked As Paid



Eric's Claim Date of Service - 06/23/2023

✔ Approved - 07/04/2023



## Clinical Pathology

Medical Claim # DY03567541-01

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$449.05	\$416.81	\$32.24	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 07/01/2023

✔ Processed - 07/01/2023



## University Hospital Outpatient Phar

TACROLIMUS CAP 1MG

Pharmacy Claim # 231825113692239999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$64.74	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 06/21/2023

✔ Approved - 06/29/2023



# University Health

Medical Claim # DY05305015

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$6,161.40	\$5,436.40	\$725.00	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 06/14/2023

✔ Approved - 06/22/2023



# Baylor Scott & White

Medical Claim # DX71030075

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$234.53	\$234.53	\$0.00	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/30/2023

✔ Approved - 06/09/2023



# M Ryba

Medical Claim # DX26597547

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1,100.00	\$601.25	\$498.75	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/30/2023

✔ Approved - 06/09/2023



# J York

Medical Claim # DX26597117

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1,100.00	\$601.25	\$498.75	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/30/2023

✔ Approved - 06/08/2023



## Baylor Scott & White

Medical Claim # DX24345015

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$16,780.00	\$10,826.54	\$5,417.93	\$0.00	<b>\$535.53</b>

More Options ▼

Not Marked As Paid

[See tips on lowering your costs >](#)

Eric's Claim Date of Service - 05/30/2023

✔ Approved - 06/06/2023



## A Noble

Medical Claim # DX21388987

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1,518.00	\$1,436.33	\$73.50	\$0.00	<b>\$8.17</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/30/2023

✔ Approved - 06/05/2023



**T Isbell**

Medical Claim # DX21389073

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1,518.00	\$746.95	\$693.95	\$0.00	<b>\$77.10</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 06/01/2023

✔ Processed - 06/01/2023



**University Hospital Outpatient Phar**

TACROLIMUS CAP 1MG

Pharmacy Claim # 231523188458279999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$58.27	\$6.47	<b>\$0.00</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 06/01/2023

✔ Processed - 06/01/2023



# University Hospital Outpatient Phar

ASPIRIN LOW TAB 81MG EC

Pharmacy Claim # 231523188456232999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1.13	\$0.00	\$1.13	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/30/2023

✔ Processed - 05/30/2023



# Walmart Pharmacy 10-3169 103169

TRAMADOL HCL TAB 50MG

Pharmacy Claim # 231502374414273999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1.37	\$0.00	\$1.23	\$0.14	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/30/2023

✔ Processed - 05/30/2023



# Walmart Pharmacy 10-3169 103169

GABAPENTIN CAP 300MG

Pharmacy Claim # 231501997961214999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$2.86	\$0.00	\$2.57	\$0.29	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/30/2023

✔ Processed - 05/30/2023



# Walmart Pharmacy 10-3169 103169

ONDANSETRON TAB 8MG ODT

Pharmacy Claim # 231501996794262999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$13.07	\$0.00	\$11.76	\$1.31	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/18/2023

✔ Approved - 05/28/2023



## University Health

Medical Claim # DW92288255

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$183.00	\$94.24	\$79.88	\$0.00	\$8.88

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/18/2023

✔ Approved - 05/25/2023



## M Dedmon

Medical Claim # DW89963451

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$349.00	\$237.99	\$99.91	\$0.00	\$11.10

More Options ▼

Not Marked As Paid



Eric's Claim Date of Service - 05/12/2023

✔ Approved - 05/24/2023



## Clinical Pathology

Medical Claim # DW80177252-02

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$349.15	\$349.15	\$0.00	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/12/2023

✔ Approved - 05/24/2023



## Clinical Pathology

Medical Claim # DW80177252-01

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$449.05	\$449.05	\$0.00	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/12/2023

✔ Approved - 05/23/2023



## Clinical Pathology

Medical Claim # DW70629684-02

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$349.15	\$317.83	\$28.45	\$0.00	\$2.87

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/12/2023

✔ Approved - 05/23/2023



## Clinical Pathology

Medical Claim # DW70629684-01

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$449.05	\$416.81	\$29.02	\$0.00	\$3.22

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/12/2023

✔ Approved - 05/21/2023



## Clinical Pathology

Medical Claim # DW80177245

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$276.38	\$276.38	\$0.00	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/12/2023

✔ Approved - 05/19/2023



## Clinical Pathology

Medical Claim # DW70629844

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$276.38	\$238.58	\$34.02	\$0.00	\$3.78

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/05/2023

✔ Approved - 05/12/2023



**P Lee**

Medical Claim # DW39891471

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$261.00	\$170.62	\$81.34	\$0.00	<b>\$9.04</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/04/2023

✔ Approved - 05/12/2023



**Baylor Scott & White**

Medical Claim # DW40526495

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$311.98	\$311.98	\$0.00	\$0.00	<b>\$0.00</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 03/09/2023

✔ Approved - 05/10/2023



## Baylor Scott & White

Medical Claim # DV95044225

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1,586.93	\$1,540.93	\$20.70	\$0.00	<b>\$25.30</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/04/2023

✔ Approved - 05/09/2023



## T Isbell

Medical Claim # DW36642059

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$322.00	\$129.89	\$172.90	\$0.00	<b>\$19.21</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/05/2023

✔ Approved - 05/09/2023



# Baylor Scott & White

Medical Claim # DW40506741

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$3,181.30	\$1,242.30	\$1,745.10	\$0.00	<b>\$193.90</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/01/2023

✔ Approved - 05/07/2023



# Baylor Scott & White

Medical Claim # DW32307457

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$3,346.40	\$1,003.92	\$759.02	\$0.00	<b>\$1,583.46</b>

More Options ▼

Not Marked As Paid

[See tips on lowering your costs >](#)

Eric's Claim Date of Service - 05/04/2023

✔ Processed - 05/04/2023



## University Hospital Outpatient Phar

TACROLIMUS CAP 1MG

Pharmacy Claim # 231243603384266999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$58.27	\$6.47	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 05/01/2023

✔ Approved - 05/04/2023



## D Ricci

Medical Claim # DW21658618

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$2,754.00	\$2,000.77	\$0.00	\$0.00	\$753.23

More Options ▼

Not Marked As Paid

[See tips on lowering your costs >](#)

Eric's Claim Date of Service - 04/01/2023

✔ Processed - 04/01/2023



## University Hospital Outpatient Phar

TACROLIMUS CAP 1MG

Pharmacy Claim # 230912734693245999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$58.27	\$6.47	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 03/09/2023

✔ Approved - 03/23/2023



## S Albahra

Medical Claim # DU75100170

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$254.00	\$217.64	\$0.00	\$0.00	\$36.36

More Options ▼

Not Marked As Paid



Eric's Claim Date of Service - 03/10/2023

✔ Approved - 03/17/2023



# Clinical Pathology

Medical Claim # DU55842098

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$93.55	\$86.46	\$0.00	\$0.00	\$7.09

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 03/14/2023

✔ Processed - 03/14/2023



# University Hospital Outpatient Phar

ASPIRIN LOW TAB 81MG EC

Pharmacy Claim # 230734613283275999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1.13	\$0.00	\$1.13	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 03/09/2023

✔ Approved - 03/14/2023



**K Cox**

Medical Claim # DU52925920

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$837.00	\$590.14	\$0.00	\$0.00	<b>\$246.86</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 02/17/2023

✔ Approved - 02/28/2023



**University Health**

Medical Claim # DU03441852

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$183.00	\$94.24	\$0.00	\$0.00	<b>\$88.76</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 02/17/2023

✔ Approved - 02/26/2023



## F Poordad

Medical Claim # DU03293771

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$436.00	\$328.78	\$0.00	\$0.00	<b>\$107.22</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 02/24/2023

✔ Processed - 02/24/2023



## University Hospital Outpatient Phar

TACROLIMUS CAP 1MG

Pharmacy Claim # 230554016067220999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$58.27	\$6.47	<b>\$0.00</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 02/10/2023

✔ Approved - 02/21/2023



## Clinical Pathology

Medical Claim # DT71239200-02

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$31.50	\$28.87	\$2.63	\$0.00	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 02/10/2023

✔ Approved - 02/21/2023



## Clinical Pathology

Medical Claim # DT71239200-01

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$449.05	\$416.81	\$0.01	\$0.00	\$32.23

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 01/20/2023

✔ Approved - 01/31/2023



## University Health

Medical Claim # DT17216272

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$1,269.00	\$1,083.00	\$31.00	\$0.00	<b>\$155.00</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 01/20/2023

✔ Approved - 01/29/2023



## M Dedmon

Medical Claim # DT08535599

In-Network

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$164.00	\$112.87	\$0.00	\$0.00	<b>\$51.13</b>

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 01/28/2023

✔ Processed - 01/28/2023



# University Hospital Outpatient Phar

TACROLIMUS CAP 1MG

Pharmacy Claim # 230286043682221999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$58.27	\$6.47	\$0.00

More Options ▼

Not Marked As Paid

Eric's Claim Date of Service - 01/02/2023

✔ Processed - 01/02/2023



# University Hospital Outpatient Phar

TACROLIMUS CAP 1MG

Pharmacy Claim # 230023517675215999

Amount Billed	Plan Discount	Plan Paid	You Paid	Your Total Amount Owed
\$64.74	\$0.00	\$58.27	\$6.47	\$0.00

More Options ▼

Not Marked As Paid