MH EXPRESS PHARMACY
A Company of IWP

Collections: (800) 500-8448
Fax: (626) 932-1775

FAX TRANSMISSION NOTICE

The following faxed document is to: NATALIA FOLEY (310) 626-9632

NAME: Jamie Keltner
COMPANY: State Compensation Ins Fund, P.O. Box 65005. , Fresno, CA 93650-5005

FAX:
FROM: Vanessa Vega Ext. 3568 vvega@expresscci.com

RE: MH Express Pharmacy in the case of

Daniel Doran vs. Benedict & Benedict Plumbing

Claim#: 05814232 **WCAB#:AHM / ADJ8760713**

MESSAGE:
Per patient request RX-HISTORY 3/17/2016 -10/24/2017

Thursday, January 11, 2018

4903.8(d) Declaration

I declare under penalty of perjury under the laws of the State of California that:

(1) The services or products described in the bill for services or products were actually provided to the injured employee.

(2) The billing statement attached to the lien truly and accurately describes the services or products that were provided to the injured employee.

I further declare under penalty of perjury that the above declaration is true and correct and that this declaration was executed on 1/11/2018

ELAINE COX

PROOF OF SERVICE BY MAIL
{1013a,2015.5C.CP.}

RE: DORAN, DANIEL Vs.BENEDICT & BENEDICT PLUMBING

WCAB Number: ,ADJ:8760713

I certify under penalty of perjury that the foregoing billing statement is true and correct to the best of my knowledge per L.C. 5703.

I am employed in the County of Los Angeles, State of California By MH Express Pharmacy, P.O. BOX 1168 MONROVIA, CA 91017-1168
I am over the age of eighteen, and not a party to this action.

On 1/11/2018 served invoice(s) for dates of services 3/17/2016 to 10/24/2017,
In the above-mentioned case for the lien claimant , MH Express Pharmacy on the interested parties by placing true copies thereof, enclosed in a sealed envelope with the postage thereon fully prepaid, the United States mail in the City of Monrovia, CA, addressed as follows;

I declare under penalty of perjury that the foregoing is true and correct.

TARA BATIN

1-WC/P&C Indicator: WC 2-Date of Billing: 03/17/2016 (mm dd ccyy)

NCPDP
WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
Version 1.1 - 05/2009

FOR OFFICE USE ONLY
15 (Document Control Number)

SIGNATURE OF PROVIDER
(I certify that the statements on the reverse apply to this bill and are made a part thereof.)

03/17/2016
30-(Signed) 31-(Date)

ATTENTION PROVIDER! PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE

PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B. 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER
23-Name: BENEDICT & BENEDICT PLUMBING
24-Address: 2667 EAST COLORADO
25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #.: (626) 795-5881
29-Contact Name:

PHARMACY
32-ID: 1881712404 33-Qual: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER
40-ID: 1437167863 41-Qual: 01
42-Last: BAKER
43-First: GARY
44-Address: 10841 WHITE OAK AVE
45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 825-2144

PAYEE
49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION
57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
6627521	1	0	03/15/2016	03/17/2016		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$93.34	01	$93.34	$0.00		$0.00	$93.34

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due	
			$93.34	

1-WC/P&C Indicator: WC
2-Date of Billing: 03/17/2016 (mm dd ccyy)

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10-D.O.B.: 06/04/1966 (mm dd ccyy)
11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885
13-Qualifier: 01
14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
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21-State: CA
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26-State: CA
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28-Tel #: (626) 795-5881
29-Contact Name:

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36-City: San Dimas
37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

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40-ID: 1437167863
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46-State: CA
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51-Name: MH Express Pharmacy
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53-City: Monrovia
54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

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60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
6627525	1	0	03/15/2016	03/17/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033002	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 600 MG TABLET	600MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$82.72	01	$82.72	$0.00		$0.00	$82.72

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due	
			$82.72	

1-WC/P&C Indicator: WC 2-Date of Billing: 04/14/2016

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3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
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12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

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PRESCRIBER

40-ID: 1437167863 41-Qual: 01
42-Last: BAKER
43-First: GARY
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62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
6632390	1	0	04/11/2016	04/14/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

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100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$93.34	01	$93.34	$0.00		$0.00	$93.34

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6632389	1	0	04/11/2016	04/14/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033002	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 600 MG TABLET	600MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

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	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
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100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$32.89	01	$32.89	$0.00		$0.00	$32.89

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$32.89

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PRESCRIBER
40-ID: 1992964423 41-Qual: 01
42-Last: Guerrero
43-First: Jaime
44-Address: 10841 WHITE OAK AVE
45-City: RANCHO CUCAMONGA 46-State: CA
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6636705	1	0	05/09/2016	05/12/2016		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

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$33.22	01	$33.22	$0.00		$0.00	$33.22

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$33.22

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43-First: Jaime
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CLAIM

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6636703	1	0	05/09/2016	05/12/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth # Submitted	75-PA Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB

81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects

DUR

DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

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$10.57	01	$10.57	$0.00		$0.00	$10.57

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$10.57

1-WC/P&C Indicator: WC 2-Date of Billing: 06/10/2016

NCPDP
WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
Version 1.1 - 05/2009

FOR OFFICE USE ONLY
15 (Document Control Number)

PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 11-D.O.I.: 07/11/2012
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER
23-Name: BENEDICT & BENEDICT PLUMBING
24-Address: 2667 EAST COLORADO
25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #.: (626) 795-5881
29-Contact Name:

SIGNATURE OF PROVIDER
(I certify that the statements on the reverse apply to this bill and are made a part thereof.)
30-(Signed) 06/10/2016 31-(Date)

ATTENTION PROVIDER! PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE

PHARMACY
32-ID: 1881712404 33-Qual: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER
40-ID: 1992964423 41-Qual: 01
42-Last: Guerrero
43-First: Jaime
44-Address: 10841 WHITE OAK AVE
45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 824-2144

PAYEE
49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION
57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
6642235	1	0	06/06/2016	06/10/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$10.57	01	$10.57	$0.00		$0.00	$10.57

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$10.57

1-WC/P&C Indicator: WC 2-Date of Billing: 06/10/2016 (MM DD CCYY)

PATIENT

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8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B. (MM DD CCYY): 06/04/1966 11-D.O.I. (MM DD CCYY): 07/11/2012
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER

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17-Claim Ref #: 05814232
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National Council for Prescription Drug Programs
NCPDP
WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
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40-ID: 1992964423 41-Qual: 01
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59-Jurisdiction #3:
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CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
6642234	1	0	06/06/2016	06/10/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB: 81-Other Payer ID | 82-Qual | 83-Other Payer Date MM DD CCYY | 84-Other Payer Rejects
DUR: DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$33.22	01	$33.22	$0.00		$0.00	$33.22

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$33.22

1-WC/P&C Indicator: WC 2-Date of Billing: 07/05/2016

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5-Address: 281 S LAKE VIEW ST
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62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
6642235	1	1	06/06/2016	07/05/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB

81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects

DUR: DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$10.57	01	$10.57	$0.00		$0.00	$10.57

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due	
			$10.57	

1-WC/P&C Indicator: WC 2-Date of Billing: 07/05/2016

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47-Zip: 91730-3817
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62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
6642234	1	1	06/06/2016	07/05/2016		0

69 -Product/Service ID	70-Qual	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	60.00	15	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format (1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$21.59	01	$21.59	$0.00		$0.00	$21.59

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$21.59

1-WC/P&C Indicator: WC 2-Date of Billing: 07/27/2016 (mm dd ccyy)

PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B. 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

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42-Last: Guerrero
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PAYEE
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52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION
57-Jurisdiction #1:
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60-Jurisdiction #4:
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CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
6650256	1	0	07/18/2016	07/27/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
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6						
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Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$36.67	01	$36.67	$0.00		$0.00	$36.67

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$36.67

1-WC/P&C Indicator: WC
2-Date of Billing: 08/10/2016 (mm dd ccyy)

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4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE
7-State: CA
8-Zip: 93545
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12-I.D.: 554731885
13-Qualifier: 01
14-Gender: 1

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CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
6653306	1	0	07/18/2016	08/10/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB	81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR	DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

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	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
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3						
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100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$10.57	01	$10.57	$0.00		$0.00	$10.57

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
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38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER

40-ID: 1992964423 41-Qual: 01
42-Last: Guerrero
43-First: Jaime
44-Address: 10841 WHITE OAK AVE
45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 824-2144

PAYEE

49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION

57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
6655724	1	0	08/15/2016	08/19/2016		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format: 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$39.31	01	$39.31	$0.00		$0.00	$39.31

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$39.31

1-WC/P&C Indicator: WC 2-Date of Billing: 09/13/2016 (mm dd ccyy)

PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER
23-Name: BENEDICT & BENEDICT PLUMBING
24-Address: 2667 EAST COLORADO
25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #: (626) 795-5881
29-Contact Name:

National Council for Prescription Drug Programs
NCPDP
WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
Version 1.1 - 05/2009

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PHARMACY
32-ID: 1881712404 33-Qual: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER
40-ID: 1437167863 41-Qual: 01
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43-First: GARY
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57-Jurisdiction #1:
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60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99475233	1	0	09/11/2016	09/13/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
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6						
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Pricing (Format (1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,062.21	01	$1,062.21	$7.25		$0.00	$1,062.21

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,062.21

1-WC/P&C Indicator: WC 2-Date of Billing: 09/13/2016 (mm dd ccyy)

NCPDP
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5-Address: 281 S LAKE VIEW ST
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8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B. (mm dd ccyy): 06/04/1966 11-D.O.I. (mm dd ccyy): 07/11/2012
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

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25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #: (626) 795-5881
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CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99474902	1	0	08/15/2016	09/13/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$85.93	01	$85.93	$7.25		$0.00	$85.93

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$85.93

1-WC/P&C Indicator: WC 2-Date of Billing: 10/11/2016

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8-Zip: 93545 9-Tel #: (760) 258-7545
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CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99492034	1	0	10/09/2016	10/11/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format (1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,062.21	01	$1,062.21	$7.25		$0.00	$1,062.21

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,062.21

1-WC/P&C Indicator: WC 2-Date of Billing: 10/19/2016 (mm dd ccyy)

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12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

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27-Zip: 91107 28-Tel #: (626) 795-5881
29-Contact Name:

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CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99492033	1	0	10/09/2016	10/19/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB

81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects

DUR

DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
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Pricing (Format (1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$85.93	01	$85.93	$7.25		$0.00	$85.93

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
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CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99504083	1	0	11/06/2016	11/07/2016		0

69-Product/Service ID	70-Qual	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

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COMPOUND

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1						
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$1,062.21	01	$1,062.21	$7.25		$0.00	$1,062.21

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43-First: GARY
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CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99504081	1	0	11/06/2016	11/14/2016		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 0,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$85.93	01	$85.93	$7.25		$0.00	$85.93

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$85.93

1-WC/P&C Indicator: WC 2-Date of Billing: 12/05/2016

PATIENT

3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B. 06/04/1966 11-D.O.I. 07/11/2012
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER

16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER

23-Name: BENEDICT & BENEDICT PLUMBING
24-Address: 2667 EAST COLORADO
25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #.: (626) 795-5881
29-Contact Name:

National Council for Prescription Drug Programs
NCPDP
WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
Version 1.1 - 05/2009

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SIGNATURE OF PROVIDER
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30-(Signed) 31-(Date) 12/05/2016

ATTENTION PROVIDER! PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE

PHARMACY

32-ID: 1881712404 33-Qual: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER

40-ID: 1437167863 41-Qual: 01
42-Last: BAKER
43-First: GARY
44-Address: 10841 WHITE OAK AVE
45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 825-2144

PAYEE

49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION

57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99514175	1	0	12/04/2016	12/05/2016		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,062.21	01	$1,062.21	$7.25		$0.00	$1,062.21

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,062.21

1-WC/P&C Indicator: WC 2-Date of Billing: 12/21/2016

PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 11-D.O.I.: 07/11/2012
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER
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25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #: (626) 795-5881
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40-ID: 1437167863 41-Qual: 01
42-Last: BAKER
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PAYEE
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51-Name: MH Express Pharmacy
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53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION
57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99514174	1	0	12/04/2016	12/21/2016		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
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3						
4						
5						
6						
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Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$85.93	01	$85.93	$7.25		$0.00	$85.93

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt	110-Net Amount Due
			$85.93

1-WC/P&C Indicator: WC 2-Date of Billing: 01/24/2017

PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 11-D.O.I.: 07/11/2012
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

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43-First: GARY
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45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 825-2144

PAYEE
49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
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53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

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58-Jurisdiction #2:
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60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99514174	1	1	12/04/2016	01/24/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
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3						
4						
5						
6						
7						

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100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$85.93	01	$85.93	$7.25		$0.00	$85.93

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due	
			$85.93	

1-WC/F&C Indicator: WC 2-Date of Billing: 01/24/2017 (mm dd ccyy)

PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER
23-Name: BENEDICT & BENEDICT PLUMBING
24-Address: 2667 EAST COLORADO
25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #.: (626) 795-5881
29-Contact Name:

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WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
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ATTENTION PROVIDER! PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE

PHARMACY
32-ID: 1881712404 33-Qual: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER
40-ID: 1437167863 41-Qual: 01
42-Last: BAKER
43-First: GARY
44-Address: 10841 WHITE OAK AVE
45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 825-2144

PAYEE
49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION
57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99514175	1	1	12/04/2016	01/24/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB

81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects

DUR

DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format (1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,062.21	01	$1,062.21	$7.25		$0.00	$1,062.21

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,062.21

1-WC/P&C Indicator: WC 2-Date of Billing: 02/20/2017 (mm dd ccyy)

NCPDP
WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
Version 1.1 - 05/2009

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PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER
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24-Address: 2667 EAST COLORADO
25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #: (626) 795-5881
29-Contact Name:

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PHARMACY
32-ID: 1881712404 33-Qual: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER
40-ID: 1992964423 41-Qual: 01
42-Last: Guerrero
43-First: Jaime
44-Address: 10841 WHITE OAK AVE
45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 824-2144

PAYEE
49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION
57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99533766	1	0	01/29/2017	02/20/2017		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
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$1,062.21	01	$1,062.21	$7.25		$0.00	$1,062.21

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,062.21

1-WC/P&C Indicator: WC 2-Date of Billing: 02/21/2017 (mm dd ccyy)

PATIENT
3-Last: DORAN 4-First: DANIEL
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38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER
40-ID: 1992964423 41-Qual: 01
42-Last: Guerrero
43-First: Jaime
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45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 824-2144

PAYEE
49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
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55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION
57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99533765	1	0	01/29/2017	02/21/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
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Pricing (Format (1,234.56)

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$85.93	01	$85.93	$7.25		$0.00	$85.93

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$85.93

1-WC/P&C Indicator: WC 2-Date of Billing: 03/15/2017 (mm dd ccyy)

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27-Zip: 91107 28-Tel #: (626) 795-5881
29-Contact Name:

NCPDP
WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
Version 1.1 - 05/2009

FOR OFFICE USE ONLY
15 (Document Control Number)

SIGNATURE OF PROVIDER
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30-(Signed) 03/15/2017 31-(Date)

ATTENTION PROVIDER! PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE

PHARMACY

32-ID: 1881712404 33-Qual: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER

40-ID: 1992964423 41-Qual: 01
42-Last: Guerrero
43-First: Jaime
44-Address: 10841 WHITE OAK AVE
45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 824-2144

PAYEE

49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION

57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99544509	1	0	02/26/2017	03/15/2017		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB

81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects

DUR

DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,062.21	01	$1,062.21	$7.25		$0.00	$1,062.21

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due	
			$1,062.21	

1-WC/P&C Indicator: WC 2-Date of Billing: 03/16/2017

PATIENT

3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 11-D.O.I.: 07/11/2012
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER

16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER

23-Name: BENEDICT & BENEDICT PLUMBING
24-Address: 2667 EAST COLORADO
25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #: (626) 795-5881
29-Contact Name:

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47-Zip: 91730-3817
48-Tel #: (888) 824-2144

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51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION

57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99544508	1	0	02/26/2017	03/16/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$85.93	01	$85.93	$7.25		$0.00	$85.93

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$85.93

1-WC/P&C Indicator: WC 2-Date of Billing: 03/31/2017 (mm dd ccyy)

PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

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39-Tel #: (800) 500-8448

PRESCRIBER
40-ID: 1437167863 41-Qual: 01
42-Last: BAKER
43-First: GARY
44-Address: 5211 E.WASHINGTON BLVD.
45-City: COMMERCE 46-State: CA
47-Zip: 90040
48-Tel #: (323) 980-9002

PAYEE
49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

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57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99555777	1	0	03/27/2017	03/31/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
65862001905	03	28.00	7	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
CEPHALEXIN 500 MG CAPSULE	500MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$105.50	01	$105.50	$7.25		$0.00	$105.50

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due	
			$105.50	

1-WC/P&C Indicator: WC 2-Date of Billing: 04/10/2017 (mm dd ccyy)

PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B. 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
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29-Contact Name:

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PHARMACY
32-ID: 1881712404 33-Qual: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER
40-ID: 1437167863 41-Qual: 01
42-Last: BAKER
43-First: GARY
44-Address: 5211 E.WASHINGTON BLVD.
45-City: COMMERCE 46-State: CA
47-Zip: 90040
48-Tel #: (323) 980-9002

PAYEE
49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION
57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
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CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99555776	1	0	03/27/2017	04/10/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,062.77	01	$1,062.77	$7.25		$0.00	$1,062.77

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,062.77

1-WC/P&C Indicator: WC 2-Date of Billing: 04/12/2017 (mm dd ccyy)

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5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

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17-Claim Ref #: 05814232
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27-Zip: 91107 28-Tel #: (626) 795-5881
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36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER

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42-Last: BAKER
43-First: GARY
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48-Tel #: (323) 980-9002

PAYEE

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51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION

57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99555775	1	0	03/27/2017	04/12/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$69.40	01	$69.40	$7.25		$0.00	$69.40

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due	
			$69.40	

1-WC/P&C Indicator: WC 2-Date of Billing: 05/22/2017

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6-City: LONE PINE 7-State: CA
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53-City: Monrovia 54-State: CA
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57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99575824	1	0	05/21/2017	05/22/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
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100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,062.77	01	$1,062.77	$7.25		$0.00	$1,062.77

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,062.77

1-WC/P&C Indicator: WC 2-Date of Billing: 06/20/2017 (mm dd ccyy)

PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
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39-Tel #: (800) 500-8448

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45-City: COMMERCE 46-State: CA
47-Zip: 90040
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51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

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57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99575824	1	1	05/21/2017	06/20/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,062.77	01	$1,062.77	$7.25		$0.00	$1,062.77

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due	
			$1,062.77	

1-WC/P&C Indicator: WC 2-Date of Billing: 06/26/2017 (mm dd ccyy)

PATIENT

3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER

16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER

23-Name: BENEDICT & BENEDICT PLUMBING
24-Address: 2667 EAST COLORADO
25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #: (626) 795-5881
29-Contact Name:

NCPDP
WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
Version 1.1 - 05/2009

FOR OFFICE USE ONLY
15 (Document Control Number)

SIGNATURE OF PROVIDER
(I certify that the statements on the reverse apply to this bill and are made a part thereof.)

30-(Signed) 06/26/2017 31-(Date)

ATTENTION PROVIDER! PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE

PHARMACY

32-ID: 1881712404 33-Qual: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER

40-ID: 1437167863 41-Qual: 01
42-Last: BAKER
43-First: GARY
44-Address: 5211 E.WASHINGTON BLVD.
45-City: COMMERCE 46-State: CA
47-Zip: 90040
48-Tel #: (323) 980-9002

PAYEE

49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION

57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99575823	1	0	05/21/2017	06/26/2017		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB

81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects

DUR

DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format (1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$95.55	01	$95.55	$7.25		$0.00	$95.55

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$95.55

1-WC/P&C Indicator: WC 2-Date of Billing: 07/20/2017

PATIENT

3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 11-D.O.I.: 07/11/2012
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER

16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER

23-Name: BENEDICT & BENEDICT PLUMBING
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25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #: (626) 795-5881
29-Contact Name:

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PHARMACY

32-ID: 1881712404 33-Qual: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER

40-ID: 1437167863 41-Qual: 01
42-Last: BAKER
43-First: GARY
44-Address: 5211 E.WASHINGTON BLVD.
45-City: COMMERCE 46-State: CA
47-Zip: 90040
48-Tel #: (323) 980-9002

PAYEE

49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION

57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99575824	1	2	05/21/2017	07/20/2017		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth # Submitted	75-PA Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,062.77	01	$1,062.77	$7.25		$0.00	$1,062.77

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,062.77

1-WC/P&C Indicator: WC 2-Date of Billing: 07/24/2017 (mm dd ccyy)

NCPDP

WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
Version 1.1 - 05/2009

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PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER
23-Name: BENEDICT & BENEDICT PLUMBING
24-Address: 2667 EAST COLORADO
25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #: (626) 795-5881
29-Contact Name:

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ATTENTION PROVIDER! PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE

PHARMACY
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34-Name: MH Express Pharmacy
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36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

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43-First: GARY
44-Address: 5211 E.WASHINGTON BLVD.
45-City: COMMERCE 46-State: CA
47-Zip: 90040
48-Tel #: (323) 980-9002

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49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

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57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99575823	1	1	05/21/2017	07/24/2017		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format (1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$95.55	01	$95.55	$7.25		$0.00	$95.55

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due	
			$95.55	

1-WC/P&C Indicator: WC 2-Date of Billing: 08/15/2017 (mm dd ccyy)

NCPDP
WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
Version 1.1 - 05/2009

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PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER
23-Name: BENEDICT & BENEDICT PLUMBING
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25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #: (626) 795-5881
29-Contact Name:

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ATTENTION PROVIDER! PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE

PHARMACY
32-ID: 1881712404 33-Qual: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER
40-ID: 1992964423 41-Qual: 01
42-Last: Guerrero
43-First: Jaime
44-Address: 10841 WHITE OAK AVE
45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 824-2144

PAYEE
49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTIONAL
57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99601447	1	0	08/13/2017	08/15/2017		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,062.77	01	$1,062.77	$7.25		$0.00	$1,062.77

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,062.77

1-WC/P&C Indicator: WC 2-Date of Billing: 08/15/2017 (mm dd ccyy)

NCPDP
WORKERS COMPENSATION/ PROPERTY & CASUALTY CLAIM FORM
Version 1.1 - 05/2009

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PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER
23-Name: BENEDICT & BENEDICT PLUMBING
24-Address: 2667 EAST COLORADO
25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #.: (626) 795-5881
29-Contact Name:

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ATTENTION PROVIDER! PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE

PHARMACY
32-ID: 1881712404 33-Qual: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #.: (800) 500-8448

PRESCRIBER
40-ID: 1992964423 41-Qual: 01
42-Last: Guerrero
43-First: Jaime
44-Address: 10841 WHITE OAK AVE
45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 824-2144

PAYEE
49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION
57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99601448	1	0	08/13/2017	08/15/2017		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
00310197030	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
MOVANTIK 25 MG TABLET	25MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,099.80	01	$1,099.80	$7.25		$0.00	$1,099.80

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,099.80

1-WC/P&C Indicator: WC 2-Date of Billing: 08/18/2017 (mm dd ccyy)

PATIENT

3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

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16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
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25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #: (626) 795-5881
29-Contact Name:

National Council for Prescription Drug Programs
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36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER

40-ID: 1992964423 41-Qual: 01
42-Last: Guerrero
43-First: Jaime
44-Address: 10841 WHITE OAK AVE
45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 824-2144

PAYEE

49-ID: 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION

57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99601971	1	0	08/14/2017	08/18/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
50458086001	03	60.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
NUCYNTA ER 50 MG TABLET	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
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4						
5						
6						
7						

Pricing (Format 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,191.62	01	$1,191.62	$7.25		$0.00	$1,191.62

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,191.62

1-WC/P&C Indicator: WC 2-Date of Billing: 08/22/2017 (mm dd ccyy)

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6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

CARRIER
16-Jurisdictional State: CA
17-Claim Ref #: 05814232
18-Name: STATE COMPENSATION INS FUND
19-Address: P.O. BOX 65005
20-City: FRESNO 21-State: CA
22-Zip: 93650-5005

EMPLOYER
23-Name: BENEDICT & BENEDICT PLUMBING
24-Address: 2667 EAST COLORADO
25-City: PASADENA 26-State: CA
27-Zip: 91107 28-Tel #.: (626) 795-5881
29-Contact Name:

SIGNATURE OF PROVIDER
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30-(Signed) 31-(Date) 08/22/2017

ATTENTION PROVIDER! PLEASE READ ATTESTATION STATEMENT ON REVERSE SIDE

PHARMACY
32-ID: 1881712404 33-Qual.: 01
34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
36-City: San Dimas 37-State: CA
38-Zip: 91773
39-Tel #: (800) 500-8448

PRESCRIBER
40-ID: 1992964423 41-Qual.: 01
42-Last: Guerrero
43-First: Jaime
44-Address: 10841 WHITE OAK AVE
45-City: RANCHO CUCAMONGA 46-State: CA
47-Zip: 91730-3817
48-Tel #: (888) 824-2144

PAYEE
49-ID: 95-4683977 50-Qual.: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
56-Tel #: (800)500-8448

JURISDICTION
57-Jurisdiction #1:
58-Jurisdiction #2:
59-Jurisdiction #3:
60-Jurisdiction #4:
61-Jurisdiction #5:

CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99601446	1	0	08/13/2017	08/22/2017		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format (1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$69.40	01	$69.40	$7.25		$0.00	$69.40

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$69.40

1-WC/P&C Indicator: WC 2-Date of Billing: 09/13/2017 (mm dd ccyy)

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3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B.: 06/04/1966 (mm dd ccyy) 11-D.O.I.: 07/11/2012 (mm dd ccyy)
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

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16-Jurisdictional State: CA
17-Claim Ref #: 05814232
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CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99601447	1	1	08/13/2017	09/13/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth # Submitted	75-PA Type
16714033202	03	120.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
GABAPENTIN 800 MG TABLET	800MG	EA	0	

COB

81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects

DUR

DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format: 1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,062.77	01	$1,062.77	$7.25		$0.00	$1,062.77

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,062.77

1-WC/P&C Indicator: WC 2-Date of Billing: 09/13/2017 (mm dd ccyy)

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48-Tel #: (888) 824-2144

PAYEE

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51-Name: MH Express Pharmacy
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55-Zip: 91017
56-Tel #: (800)500-8448

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CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99601448	1	1	08/13/2017	09/13/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
00310197030	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
MOVANTIK 25 MG TABLET	25MG	EA	0	

COB

81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects

DUR

DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
2						
3						
4						
5						
6						
7						

Pricing (Format (1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,099.80	01	$1,099.80	$7.25		$0.00	$1,099.80

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,099.80

1-WC/P&C Indicator: WC 2-Date of Billing: 09/21/2017

PATIENT
3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B. 06/04/1966 11-D.O.I. 07/11/2012
12-I.D.: 554731885 13-Qualifier: 01 14-Gender: 1

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34-Name: MH Express Pharmacy
35-Address: 300 N. Lone Hill
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38-Zip: 91773
39-Tel #. (800) 500-8448

PRESCRIBER
40-ID: 1992964423 41-Qual: 01
42-Last: Guerrero
43-First: Jaime
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47-Zip: 91730-3817
48-Tel #: (888) 824-2144

PAYEE
49-ID. 95-4683977 50-Qual: 11
51-Name: MH Express Pharmacy
52-Address: PO Box 1168
53-City: Monrovia 54-State: CA
55-Zip: 91017
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60-Jurisdiction #4:
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CLAIM

62-Prescription/ Service Ref. #	63-Qual.	64-Fill #	65-Date Written mm dd ccyy	66-Date of Service mm dd ccyy	67-Submission Clarification	68-Prescription Origin
99608049	1	0	08/14/2017	09/21/2017		0

69 -Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth # Submitted	75-PA. Type
50458086001	03	60.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
NUCYNTA ER 50 MG TABLET	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects	DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Precedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

	94-Product Name	95-Product ID	96-Qual	97-Ingredient Qty	98-Ingredient Drug Cost	99-Basis Cost
1						
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Pricing (Format (1,234.56)

100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$1,191.62	01	$1,191.62	$7.25		$0.00	$1,191.62

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
			$1,191.62

1-WC/P&C Indicator: WC 2-Date of Billing: 09/25/2017

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3-Last: DORAN 4-First: DANIEL
5-Address: 281 S LAKE VIEW ST
6-City: LONE PINE 7-State: CA
8-Zip: 93545 9-Tel #: (760) 258-7545
10-D.O.B. 06/04/1966 11-D.O.I. 07/11/2012
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CLAIM

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99601446	1	1	08/13/2017	09/25/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth #. Submitted	75-PA. Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB 81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects

DUR DUR / PPS / CODES 85-Reason / 86-Service / 87-Result

88-Level of Effort	89-Procedure Modifier	90-Dosage Form Description Code	91-Dispensing Unit Form Indicator	92-Route of Administration	93-Ingredient Component Count

COMPOUND

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1						
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100-Usual & Customary Charge	101-Basis of Cost Det.	102-Ingredient Cost Submitted	103-Dispensing Fee Submitted	104-Other Amount Submitted	105-Sales Tax Submitted	106-Gross Amount Due (Submitted)
$69.40	01	$69.40	$7.25		$0.00	$69.40

107-Patient Paid Amount	108-Other Payer Amount Paid	109-Other Payer Patient Resp. Amt.	110-Net Amount Due
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99601446	1	2	08/13/2017	10/24/2017		0

69-Product/Service ID	70-Qual.	71-Quantity Dispensed	72-Days Supply	73-DAW Code	74-Prior Auth # Submitted	75-PA Type
16714044802	03	30.00	30	0		0

76-Description	77-Strength	78-Unit Of Measure	79-Other Coverage	80-Delay Reason
AMITRIPTYLINE HCL 50 MG TAB	50MG	EA	0	

COB

81-Other Payer ID	82-Qual	83-Other Payer Date MM DD CCYY	84-Other Payer Rejects

DUR

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