

Online Claim Submission

Code: CTD
Employer: City of Detroit
EmpID: 382826679
EmpName: TRZOS, WILLIAM
Submitted: February 10, 2023
Batch: 30283752
Claim Total: \$72.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/26/2023	RX	\$72.00	Provider: Roman. For whom: William Trzos.



Invoice

roman

01/26/2023

OL-00015276638

William Trzos
toastbt@comcast.net

PAID

Item	Amount
Sildenafil 20mg Tablets	\$72
Total:	\$72

If you have any question or need to contact us, please email us at **care@ro.co** or call us at **888-798-8686**



900 Broadway, Suite 706
New York, NY 10003
ro.co



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