## Online Claim Submission

Code: SWB

Employer: WA State SEBB

EmpID: 532085061

EmpName: WITTWER, CONN

Submitted: January 17, 2023

Batch: 29910141

Claim Total: \$129.00

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/17/2023	RX	\$129.00	Provider: Dr Aggarwal. For whom: Conn
				Wittwer.



