Online Claim Submission

Code: SWB

Employer: WA State SEBB

EmpID: 531233099

EmpName: Chappel, MARGARET

Submitted: January 17, 2023

Batch: 29910169

Claim Total: \$15.00

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/18/2023	RX	\$15.00	Provider: Walgreens. For whom: Margaret
				Chappel.

