

Online Claim Submission

Code: SWB
Employer: WA State SEBB
EmpID: 041846803
EmpName: Gallup, Ashley
Submitted: January 18, 2023
Batch: 29925048
Claim Total: \$246.37
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/5/2023	RX	\$246.37	Provider: Walgreens. For whom: Ashley Gallup.

CLAIM

DATE OF SERVICE

01/05/2023

CLAIM RECEIVED

01/05/2023

IN PROCESS

01/05/2023

PROCESSED

01/05/2023

✓

✓

✓

✓

CLAIM ID

862402625100

PROVIDER

WALGREENS

#03582

MEMBER NAME

ASHLEY GALLUP

04/15/1988

CLAIM TYPE

Prescription

SERVICE/PRODUCT

VYVANSE

BILLING INFORMATION

AMOUNT BILLED

\$444.18

TOTAL PLAN DISCOUNTS AND PAYMENTS

\$197.81

YOUR RESPONSIBILITY

\$246.37

Disagree with a decision about your coverage?
[Claims Appeals Process \(.pdf\)](#) 