Online Claim Submission

Code: SWA

Employer: WA State PEBB

EmpID: 555982514

EmpName: DIMARTINO, NANCY

Submitted: January 18, 2023

Batch: 29925324

Claim Total: \$37.42

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/1/2022	RX	\$37.42	Provider: Aurora Jewel. For whom: Nancy
				DiMartino.

#03514 9505 BRIDGEPORT WAY SW LAKEWOOD, WA 98499 253-582-2230

890

FSA RX 3853743

0029

0091 01/12/2023 2:47 PM

37.42

TOTAL VISA ACCT 5112 AUTH CODE CHANGE

37.42 37.42 01939B

TOTAL FSA ITEMS
TOTAL RX ITEMS
TOTAL FSA AND RX ITEMS

APPROVED FSA/HRA AMOUNT

THANK YOU FOR SHOPPING AT WALGREENS

MYWALGREENS, REDEEM REWARDS FOR SOMETHING URE PURCHASE. PPLY. FOR FULL DETAILS

