Online Claim Submission

Code: SWA

Employer: WA State PEBB

EmpID: 535825944

EmpName: ANDERSON, LIDIA

Submitted: January 17, 2023

Batch: 29910254

Claim Total: \$25.57

Attachments: 2

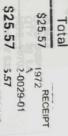
Line	Service Date(s)	Type	Cost	Notes
1	1/17/2023	RX	\$25.57	Provider: Howards pharmacy and drug. For
				whom: Lidia Anderson. I forgot I had my debit
				card and paid with cash.





#680017 Sale





(F) Rx# 1892845 0 LIDIA ANDERSON

1 x \$25.57

Qty





\$0.00

Total

Tax

Subtotal

Payment

Amount \$25.57

\$25.57

\$0.00

Return Policy: Prescriptions cannot be refunded. All other Items will receive a full refund within 30 days with a receipt. If a receipt is not available or it is after 30 days, a

refund may be issued at our discretion.

Remaining

119 E 3rd Avenue Selah, WA 98942 (509) 902-6062 Howard's Drug

01/17/2023 3:39 PM

Lagree to pay above total amount according to card issuer agreement. I have either received counseling or received and declined the offer to be counseled on my prescriptions.

Signature

