

## Online Claim Submission

Code: CS1

Employer: City of Seattle

EmpID: 30052300

EmpName: Enfield, Benjamin

Submitted: February 7, 2023

Batch: 30219424

Claim Total: \$10.00

Attachments: 0 (Source: FlexConnect)

Line	Service Date(s)	Type	Cost	Notes
1	1/9/2023	RX	\$10.00	Provider: CVS PHARMACY 10387. For whom: Graham .