

Online Claim Submission

Code: HD2
Employer: Howard Center
EmpID: 009760770
EmpName: Driscoll, Meagan
Submitted: February 10, 2023
Batch: 30281463
Claim Total: \$55.00
Attachments: 1

| Line | Service Date(s) | Type | Cost | Notes |
|------|-----------------|------|---------|---|
| 1 | 2/2/2023 | RX | \$55.00 | Provider: Price chopper pharmacy. For whom: Meagan Driscoll. Medications |

MAFKEY

BY PRICE
CHOPPER

Market 32
Shelburne Road #165
Store Manager: Catherine Allison
651-9826

02/02/2023 04:30 PM 048 #0063 C#: 0209

Member #11225

Rx1367308 \$35.00
Rx1372448 \$20.00

SUB TOTAL \$55.00

TOTAL PAID \$55.00

Discover \$55.00
[] XXXXXXXXXXXX3526
Auth# 00216R Ref# 1147987269
CHANGE \$0.00

02/02/2023 16:31:06
Discover Credit Entry Method: Chip
CARD #: XXXXXXXXXXXX3526
PURCHASE APPROVED
AUTH CODE: 00216R

Mode: Issuer
AID: A0000001523010
TVR: 0800008000
IAD: 0105A0000600000000000000000000
TSI: E800
ARC: 00
TC: A1138F0E604CFEAG
MID: 312067 TID: 003 RRN: 726959

Total: USD\$ 55.00

Total items = 2
