

## Online Claim Submission

Code: KMH  
Employer: Kitsap Mental Health Services  
EmpID: 518683900  
EmpName: Miller, MARY  
Submitted: February 11, 2023  
Batch: 30284142  
Claim Total: \$12.00  
Attachments: 0 (Source: FlexConnect)

Line	Service Date(s)	Type	Cost	Notes
1	1/29/2023	RX	\$12.00	Provider: WALGREENS 06423. For whom: MARY ANNE.