

## Online Claim Submission

Code: SWB  
Employer: WA State SEBB  
EmpID: 041846803  
EmpName: Gallup, Ashley  
Submitted: January 18, 2023  
Batch: 29925059  
Claim Total: \$9.00  
Attachments: 1

| Line | Service Date(s) | Type | Cost   | Notes   |
|------|-----------------|------|--------|---|
| 1    | 1/4/2023        | RX   | \$9.00 | Provider: Walgreens. For whom: Ashley Gallup. |

CLAIM

|                               |                              |                          |                         |
|-------------------------------|------------------------------|--------------------------|-------------------------|
| DATE OF SERVICE<br>01/04/2023 | CLAIM RECEIVED<br>01/04/2023 | IN PROCESS<br>01/04/2023 | PROCESSED<br>01/04/2023 |
|                               |                              |                          |                         |

|  |                                 |
|--|---------------------------------|
| CLAIM ID<br>862402603800                   | PROVIDER<br>WALGREENS<br>#03582 |
| MEMBER NAME<br>ASHLEY GALLUP<br>04/15/1988 | CLAIM TYPE<br>Prescription      |
| SERVICE/PRODUCT<br>DEXTROAMPHETAMINE-AMPH  |                                 |

BILLING INFORMATION

|  |
|--|
| AMOUNT BILLED<br>\$103.84                    |
| TOTAL PLAN DISCOUNTS AND PAYMENTS<br>\$94.84 |
| YOUR RESPONSIBILITY<br>\$9.00                |

Disagree with a decision about your coverage?  
[Claims Appeals Process \(.pdf\)](#)