

Online Claim Submission

Code: AOO
Employer: Scarborough School Dept
EmpID: 000003715
EmpName: Keay, Erica
Submitted: January 23, 2023
Batch: 29990467
Claim Total: \$2.79
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	11/20/2022	RX	\$2.79	Provider: Hannaford Pharmacy. For whom: Devan Keay.



(207) 839-6551
99 MAIN ST.
GORHAM ME 04038

KEA

DEVAN KEAY

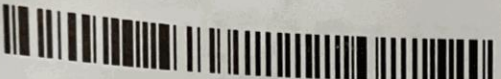
DOB 12/12/2014

61 MIGHTY ST
GORHAM, ME 04038-2266
Ph: (207) 807-3671

N
7002903
FILLED: 11/14/2022
NO REFILLS
DEANE, JENNIFER
DAYS: 3
AMOUNT DUE: \$2.79

30 SERTRALINE 25 MG

BMU
U&C: 15.00
PLAN AC



ALLERGIES

NO KNOWN DRUG ALLERGY

Hannaford

Main Street - Gorham ME 04038
(207) 839-6553 - www.hannaford.com

PHARMACY

RX COPY - CASH

1 BALANCE DUE 2.79
Debit Card \$2.79

MI: 0101508
RRN: 366900

SALE

XXXXXXXXXXXX0314 Entry Method: Chip
US DEBIT 11:47:02
INVOICE: 366900

Account Type: Primary
Trace #: 00284467

Total: Lane #: 36
USD\$ 2.79
14677

APPROVED
US DEBIT
AID: 800000980840
TVR: 8000048000
TSI: 6800

CHANGE

0.00

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PIN: 1120835020360499

FSA Eligible Total

\$2.79

STORE: 08350 REGISTER: 036 CASHIER: 0280
TICKET#: 0499 20NOV2022 11:47:05

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Dave Cole Store Manager
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