Online Claim Submission

Code: KSP

Employer: Kitsap County

EmpID: 535040155

EmpName: HANSON, SHANE

Submitted: January 18, 2023

Batch: 29925501

Claim Total: \$10.00

Attachments: 1

| Line | Service Date(s) | Type | Cost | Notes | |
|------|-----------------|------|---------|--|--|
| 1 | 11/18/2022 | RX | \$10.00 | Provider: Bainbridge Island, Community | |
| | | | | Pharmacy. For whom: David. Pneumonia | |

Sala

Bainbridge Island Community Pharmacy

124 Winslow Way West Bainbridge Island WA 98110 Ph 206-780-7809

Receipt:

42252

Date

11/18/22 03.54pm

Cashier

Dawn

Register:

POS Lan

| ltem ' | , B ags | aty | Price. | Value |
|--------------|----------------|-----|--------|---------|
| Rx 631700-00 | RF | | | \$10.00 |

Flags: T=Taxable F=FSA R=Rx P=Promo

Rx count:1

Subtotal

\$10.00

Exempt

50.00

Total Tender Credit \$10.00 \$10.00

Visa Card - Approved

Amount:\$10.00

Visa:**********8126

Transaction CREDIT

Approval:03104D

Response Code:00

Entry Method Contactico

CHASE VISA: A0000000031010

Trace Code 226582032

Cryptogram: TC 0879ACFF32F758B8

FSA Total:\$10.00



Customer Copy

INITIAL COUNSELING | 11/18/22 Rx 631700 | YES IFINAL AETNA INO 1250 HANSON, DAVID

Received By:_

RPh: SMH | DH

BAINBRIDGE ISLAND
COMMUNITY PHARMACY 124 WINSLOW WAY WEST BAINBRIDGE ISLAND, WA 98116

11/18/22

Rx 631700

HANSON, DAVID 11820 PENNY PL NE BAINBRIDGE ISLAND, WA

PH: 206-755-0491 DOB: 06/29/2013

Dr NELSON, CHARLES

AMOXICILLIN 400 MG/5ML SUSR NDC# 0093-4161-76 Qty: 250

RefillS Left: 0 **AETNA**

NEW

AMOUNT DUE: \$10.00

RECEIPT