Online Claim Submission

Code: SWB

Employer: WA State SEBB

EmpID: 538585401

EmpName: BERTRAM, WILLIAM

Submitted: January 17, 2023

Batch: 29910582

Claim Total: \$18.50

Attachments: 2

Line	Service Date(s)	Туре	Cost	Notes
1	1/17/2023	RX	\$18.50	Provider: Rite-Aid. For whom: Bill Bertram.



Store #05293 500 S. PIONEER WAY MOSES LAKE, WA 988 (509) 765-1219 98837

Register #1 Transaction #908199 Cashier #52931349 1/17/23 4:53PM

1 SCANNED PHARMACY RX #2159259	4:53PM	
1 SCANNED DU	7.13	Н
Rx #2182168 1 SCANNED PHARMACY Rx #2115153	2.37	Н
3 Items	9.00	Н

3 Items Subtotal \$18.50 .00 T \$18.50 \$18.50 Tax PAYNGO Total Entry Method: Swiped Tendered Cash Change \$18.50

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H - Health FSA *

Health FSA benefit total 18.50

* The health FSA benefit total includes items that may be eligible for reimbursement from a participating FSA (Flexible Spending Contact Value plan Account) health plan. Contact your plan administrator for details. ,, IOI UC(0110.



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