

Online Claim Submission

Code: AOO
Employer: Scarborough School Dept
EmpID: 000003715
EmpName: Keay, Erica
Submitted: January 23, 2023
Batch: 29990649
Claim Total: \$2.79
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	10/20/2022	RX	\$2.79	Provider: Hannaford Pharmacy. For whom: Devan Keay.



(207) 839-6551
59 MAIN ST
GORHAM ME 04038

KEA

DEVAN KEAY

DOB 12/12/2014

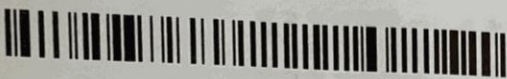
61 MIGHTY ST
GORHAM, ME 04038-2266
Ph(207)807-3671

N
7002727
FILED: 10/19/2022

NO REFILLS DAYS: 30
WHITTING, GENEVEVE
AMOUNT DUE: \$2.79

30 SERTRALINE 25 MG

BMU
U&C: 15.00
PLAN AC



ALLERGIES
NO KNOWN DRUG ALLERGY

Hannaford
99 Main Street - Gorham ME 04038
(207) 839-5553 - www.hannaford.com

PHARMACY
RX COPY - CASH
1 BALANCE DUE
Debit Card
2.79
2.79
\$2.79

MID: 0101508
RRN: 364385

SALE
XXXXXXXXXXXX3891
US DEBIT Entry Method: Chip
10/20/2022 16:52:19
INVOICE: 364385
Account Type: Primary
Trace #: 00390477
Lane #: 36
USD\$ 2.79

Total: 145727
APPROVED
US DEBIT
AID: A0000000980840
TYR: 8000048000
TSI: 6800

CHANGE 0.00

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FSA Eligible Total \$2.79

STORE: 08350 REGISTER: 036 CASHIER: 0280
TICKET#: 6044 20OCT2022 16:52:22
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Dave Cole Store Manager
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