

Online Claim Submission

Code: CS1

Employer: City of Seattle

EmpID: 30052300

EmpName: Enfield, Benjamin

Submitted: February 7, 2023

Batch: 30219422

Claim Total: \$100.00

Attachments: 0 (Source: FlexConnect)

| Line | Service Date(s) | Type | Cost | Notes |
|------|-----------------|------|----------|---|
| 1 | 1/31/2023 | RX | \$100.00 | Provider: CVS PHARMACY 10387. For whom: Benjamin Enfield. |