

## Online Claim Submission

Code: TUB  
Employer: TubeArt Signs and Sports Displays  
EmpID: 531729352  
EmpName: HARGETT, JEFFREY  
Submitted: January 23, 2023  
Batch: 29991661  
Claim Total: \$194.13  
Attachments: 2

| Line | Service Date(s) | Type | Cost     | Notes   |
|------|-----------------|------|----------|---|
| 1    | 1/21/2023       | RX   | \$194.13 | Provider: Brenda Newman. For whom: Jeffrey HARGETT. |



Store #06917  
248 Bendigo Blvd. So  
North Bend, WA 98045  
(425) 888-1672

Register #8 Transaction #30562  
Cashier #69178335 1/21/23 9:51AM

|   |                  |        |   |
|---|------------------|--------|---|
| 1 | SCANNED PHARMACY | 15.00  | H |
|   | Rx #92764        |        |   |
| 1 | SCANNED PHARMACY | 164.13 | H |
|   | Rx #92765        |        |   |
| 1 | SCANNED PHARMACY | 15.00  | H |
|   | Rx #92766        |        |   |

|             |          |          |
|-------------|----------|----------|
| 3 Items     | Subtotal | \$194.13 |
|             | Tax      | \$ .00   |
|             | Total    | \$194.13 |
| * E-CHECK * |          | \$194.13 |

Check #6614  
Trc #1400310000036444975782  
Tchk Merchant #36178423  
Approval #1069 AUTO  
Tendered \$194.13  
Cash Change \$ .00

THANK YOU FOR SHOPPING AT BARTELL DRUGS  
You were served by IZZABELLA today.



H - Health FSA \*

Health FSA benefit total 194.13

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

#### ELECTRONIC CHECK

When you pay by check, you authorize us to use its information to process an Electronic Funds Transfer (EFT) or draft drawn from your account, or process the payment as a check. You also authorize us to process credit adjustments, if applicable. If your payment is returned unpaid, you authorize us to collect your payment and the Return Fee amount below by EFT(s) or draft(s) from your account. If you are presenting a corporate check, you make these representations as an authorized corporate representative. Questions? Call 1-800-366-2425

RETURN FEE AMOUNT \$30.00  
\$30 Fee if Debt age<33; otherwise \$30+Item  
Amt up to \$40 + 12% annual interest.

\*\*\*\*\*

We want to hear about your  
shopping experience.

Tell us by entering the code below.

[wecare.bartelldrugs.com](http://wecare.bartelldrugs.com)

0121 0906 9170 8627

See reverse for details.

\*\*\*\*\*



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