

Online Claim Submission

Code: CMS
Employer: Clackamas County
EmpID: 544219316
EmpName: Sully, Angel
Submitted: February 10, 2023
Batch: 30282974
Claim Total: \$18.40
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/3/2023	RX	\$18.40	Provider: Walgreens. For whom: River Sully. Prescription co pays

Walgreens

#05952 7280 SW BEAVERTON HILLSDALE HWY
PORTLAND, OR 97225
503-296-7454

275 4445 0041 01/03/2023 2:34 PM

FSA RX 1540252 10.00

TOTAL 10.00
VISA ACCT 9530 10.00
AUTH CODE 03053D
CHANGE .00

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 10.00
TOTAL FSA AND RX ITEMS 10.00

APPROVED FSA/HRA AMOUNT 0.00

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CASH REWARDS OFF FUTURE PURCHASES.

RFN# 0595-2414-4455-2301-0303

503-296-7454

885 2183 0091 01/04/2023 4:39 PM

FSA RX 1540739 8.40

TOTAL
VISA ACCT 9530 8.40
AUTH CODE 074070
CHANGE .00

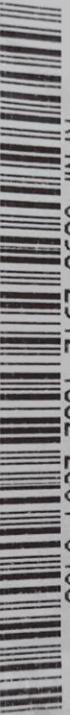
TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 8.40
TOTAL FSA AND RX ITEMS 8.40

APPROVED FSA/HRA AMOUNT 0.00

THANK YOU FOR SHOPPING AT WALGREENS

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NEXT PURCHASE! WALGREENS CASH REWARDS
CANNOT BE REDEEMED ON SOME ITEMS. FOR
FULL DETAILS SEE MYWALGREENS.COM

RFN# 0595-2912-1832-2301-0403



myWalgreens

\$1.36 W CASH REWARDS AVAILABLE

myWalgreens ACCT # *****2292

OPENING BALANCE \$1.28
EARNED THIS VISIT \$0.08
CLOSING BALANCE \$1.36

#0595

275

FSA R

TOT/
TOT
TOT

APT

TH

VT
M
F