Online Claim Submission

Code: CU8

Employer: CHRISTUS Health

EmpID: 439290588

EmpName: Walthall, Kimberlene

Submitted: January 18, 2023

Batch: 29926901

Claim Total: \$30.00

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/4/2023	RX	\$30.00	Provider: MARK ALLEN BROWN. For whom:
				MIKE WALTHALL.

