

## Online Claim Submission

Code: SWA  
Employer: WA State PEBB  
EmpID: 605078081  
EmpName: WOELFLE-HAZARD, CLEO  
Submitted: February 10, 2023  
Batch: 30281789  
Claim Total: \$112.00  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/9/2023	RX	\$112.00	Provider: Kattermans pharmacy. For whom: Cleo. Additional receipt for claim submitted yeaterday

Katterman's Pharmacy  
5400 Sand Pt. Way NE  
Seattle, WA 98105  
Tel: 206-524-2211  
Fax: 206-524-4179

DESCRIPTION	QTY	UNIT PRICE	TOTAL PRICE
PRESCRIPTON 01 1422611	1	112.00	\$112.00 S
CHEEZ IT CRACKERS 02410019134	1	\$2.50	\$2.50

SUBTOTAL	\$114.50
TOTAL	\$114.50
VISA	\$114.50

X

SIGNATURE	
CHANGE DUE	\$0.00

Items = 2

Receipt #: 991067  
Clerk: R - MARIA  
Register #: 3  
Drawer #: 4  
Date/Time: 02/09/2023 14:01:36