

Online Claim Submission

Code: SWB
Employer: WA State SEBB
EmpID: 539135184
EmpName: SHIBLY, AMIN
Submitted: January 17, 2023
Batch: 29910414
Claim Total: \$40.90
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/5/2023	RX	\$40.90	Provider: Express script. For whom: Marianne Shibly. Medicine



Details



Express Scripts Phrmcy 877-5034073 MO

View more information

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Amount	\$40.90
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Posted Date	01/06/2023
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Transaction Date	01/05/2023
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Transaction Type	Purchase
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Card Type	Visa
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Merchant Description	DRUG STORES, PHARMACIE S
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Online Purchase	N
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Merchant Information	877-503407 3 , MO
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Reference Number	3192
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Merchant name ⓘ

[Express Scripts Phrmcy](#)