

Online Claim Submission

Code: OMI
Employer: Community Blood Center
EmplID: 533279674
EmpName: Magley, Robert
Submitted: February 8, 2023
Batch: 30238393
Claim Total: \$10.00
Attachments: 0 (Source: FlexConnect)

Line	Service Date(s)	Type	Cost	Notes
1	1/25/2023	RX	\$10.00	Provider: Kroger Pharmacy 014441 01400441. For whom: Kevin Magley-jones.