Online Claim Submission

Code: SWB

Employer: WA State SEBB

EmpID: 041846803

EmpName: Gallup, Ashley

Submitted: January 18, 2023

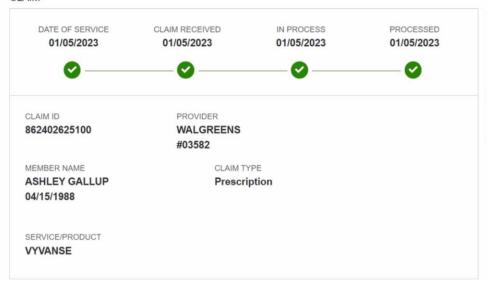
Batch: 29925048

Claim Total: \$246.37

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/5/2023	RX	\$246.37	Provider: Walgreens. For whom: Ashley
				Gallup.

CLAIM



BILLING INFORMATION

AMOUNT BILLED
\$444.18

TOTAL PLAN DISCOUNTS AND PAYMENTS
\$197.81

YOUR RESPONSIBILITY
\$246.37

Disagree with a decision about your coverage? Claims Appeals Process (.pdf) 🖟