

Online Claim Submission

Code: OMI
Employer: Community Blood Center
EmpID: 533279674
EmpName: Magley, Robert
Submitted: February 8, 2023
Batch: 30238387
Claim Total: \$10.00
Attachments: 0 (Source: FlexConnect)

Line	Service Date(s)	Type	Cost	Notes
1	1/2/2023	RX	\$10.00	Provider: Amazon Pharmacy 006 006. For whom: Kevin Magley-jones.