

## Online Claim Submission

Code: WOE  
Employer: Woolpert, Inc.  
EmplID: 488927142  
EmpName: Dickerson, Bryan  
Submitted: February 10, 2023  
Batch: 30271814  
Claim Total: \$20.00  
Attachments: 0 (Source: FlexConnect)

Line	Service Date(s)	Type	Cost	Notes
1	1/10/2023	RX	\$20.00	Provider: Walgreens 9424 9424. For whom: Bryan Dickerson.