Online Claim Submission

Code: SWA

Employer: WA State PEBB

EmpID: 534946936

EmpName: JOHNSTONE, LAURA

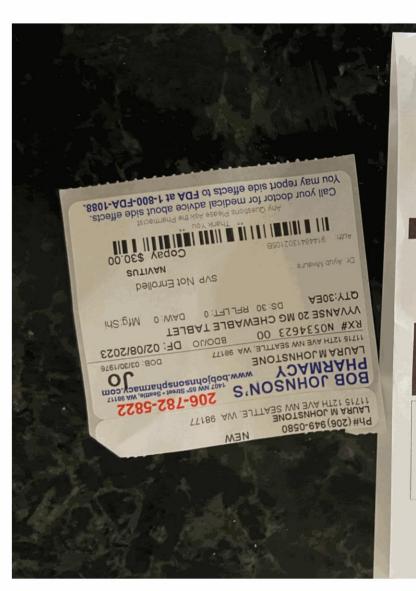
Submitted: February 10, 2023

Batch: 30282498

Claim Total: \$30.00

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/10/2023	RX	\$30.00	Provider: Bob Johnson's Pharmacy. For
				whom: Laura.



Bob Johnson's Pharmacy 1407 NW 85th St Seattle, WA 98117-4237 Phone: (206) 782-5822 Fax: (206) 781-0379

 Feb 10 2023 9:59AM

 Receipt # 11047

 Cashier: Josh T

 Drawer #: DESKTOP-Q91A189 - 874

 RX 534623-00 - Laura

 30.00

Subtotal 30.00

Subtotal 30.00

Tax Total 30.00

Items:1 Total 30.00

Approval #...883177 Approval #...121000 Trans ID#...121000

F = FLEXVESA/HRA Eligible
FSA Eligible \$30.00
Signature required for the following: