

Online Claim Submission

Code: AOO

Employer: Scarborough School Dept

EmpID: 000003715

EmpName: Keay, Erica

Submitted: January 23, 2023

Batch: 29990619

Claim Total: \$15.00

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	11/8/2022	RX	\$15.00	Provider: Hannaford Pharmacy. For whom: Devan Keay.



99 Main Street - Gorham ME 04038
(207) 839-6553 - www.hannaford.com

KEA

DEVAN KEAY

DOB 12/12/2014

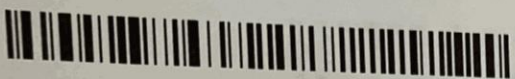
61 MIGHTY ST
GORHAM, ME 04038-2266
Ph: (207) 807-3671

N
2371145
FILED: 11/5/2022
NO REFILLS DAYS: 30
HO, JANE

AMOUNT DUE: \$15.00

60 DEXMETHYLPHE ER
A

BMU
U&C: 468.32
PLAN AC



ALLERGIES

NO KNOWN DRUG ALLERGY

CV

Hannaford

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PHARMACY

RX COPAY - CASH 15.00 #
1 BALANCE DUE 15.00
Debit Card \$15.00

MID: 0101508
RRN: 365920

SALE

XXXXXXXXXXXX0514
US DEBIT Entry Method: Chp
11/08/2022 16:29:24
INVOICE: 365920

Account Type: Primary
Trace #: 00165475

Total: Lane #: 36
USD\$ 15.00
142795

APPROVED
US DEBIT
AID: A0000000980840
TVR: 8000048000
TST: 6800

CHANGE 0.00

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PIN: 1108835000368788

FSA Eligible Total \$15.00

STORE: 08350 REGISTER: 036 CASHIER: 0280
TICKET#: 8788 8NOV2022 16:29:27
Thanks for shopping at Hannaford!

Dave Cole Store Manager

Questions or comments?
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