

Online Claim Submission

Code: OMI
Employer: Community Blood Center
EmplID: 533279674
EmpName: Magley, Robert
Submitted: February 8, 2023
Batch: 30238390
Claim Total: \$10.00
Attachments: 0 (Source: FlexConnect)

| Line | Service Date(s) | Type | Cost | Notes |
|------|-----------------|------|---------|---|
| 1 | 1/25/2023 | RX | \$10.00 | Provider: Kroger Pharmacy 014441 01400441. For whom: Kevin Magley-jones. |