

Online Claim Submission

Code: SWB
Employer: WA State SEBB
EmpID: 539135184
EmpName: SHIBLY, AMIN
Submitted: January 17, 2023
Batch: 29910395
Claim Total: \$18.00
Attachments: 3

Line	Service Date(s)	Type	Cost	Notes
1	1/6/2023	RX	\$18.00	Provider: Express script. For whom: Marianne Shibly. Medicine



Details



HERO MEMBERSHIP HTTPSHEROHEALNY

View more information

[VIEW](#)

Amount	\$49.60
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Posted Date	01/09/2023
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Transaction Date	01/08/2023
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Transaction Type	Purchase
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Card Type	Visa
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Merchant Description	MEDICAL SERVICES & HEALTH PRACTITION ERS NOT E
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Online Purchase	Y
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Merchant Information	HTTPSHERO HEAL, NY
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Reference Number	0342
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Merchant name 

HERO MEMBERSHIP



Details



Express Scripts Phrmcy 877-5034073 MO

View more information

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Amount \$18.00

Posted Date 01/07/2023

Transaction Date 01/06/2023

Transaction Type Purchase

Card Type Visa

Merchant Description DRUG
STORES,
PHARMACIE
S

Online Purchase N

Merchant Information 877-503407
3 , MO

Reference Number 7638

Merchant name 

Express Scripts Phrmcy



Details



Express Scripts Phrmcy 877-5034073 MO

View more information

[VIEW](#)

Amount \$18.00

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