

Online Claim Submission

Code: SWA
Employer: WA State PEBB
EmpID: 538027012
EmpName: MUIGAI SMITH, KALEA
Submitted: February 11, 2023
Batch: 30292057
Claim Total: \$90.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/9/2023	RX	\$90.00	Provider: Ralphs thriftway pharmacy. For whom: Kalea Muigai Smith.

WASHINGTON'S FOOD STORE

RALPHS THRIFTWAY

1908 EAST 4TH AVENUE
OLYMPIA, WA 98506
360-357-8011

02/09/2023

14:15:35

VISA

Entry Method: Cntctless

CARD #:

XXXXXXXXXXXX8514

PURCHASE

- APPROVED

AUTH CODE: 07004D

Mode:

Issuer

AID:

A0000000031010

TVR:

0000000000

IAD:

1F4A0132A0000000001003027300000

00040000000000000000000000000000

TSI:

0000

TC:

8F819268B0F8E432

MID: 000000

TID:

001 SEQ: 112836

Total:

USD\$ 90.00

PHARMACY NO TAX

PHARMACY NO TAX

\$90.00

P

TOTAL

\$90.00

BALANCE DUE

\$90.00

VISA

Auth Code = 07004D

\$90.00

CHANGE

\$0.00

Total number of items sold = 1

FSA Purchase Summary:

Non RX

\$0.00

RX

\$90.00

FSA Total

\$90.00

CASHIER NAME: BONNIE C.

C2030

#0032

14:15:36

S00664

R011

9FEB2023