

Online Claim Submission

Code: AOO
Employer: Scarborough School Dept
EmpID: 000003715
EmpName: Keay, Erica
Submitted: January 23, 2023
Batch: 29990595
Claim Total: \$17.98
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	12/20/2022	RX	\$17.98	Provider: Hannaford Pharmacy. For whom: Devan Keay.



(207)839-6551
99 MAIN ST.
GORHAM ME 04038

KEA

DEVAN KEAY

DOB 12/12/2014

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

N

7012223
FILLED: 12/20/2022

NO REFILLS
DEANE, JENNIFER
AMOUNT DUE: \$2.98

30 SERTALINE 25 MG

BMU
U&C: 15.00
PLAN AC

ALLERGIES

NO KNOWN DRUG ALLERG



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KEA

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N

2372051
FILLED: 12/20/2022

NO REFILLS
DEANE, JENNIFER
AMOUNT DUE: \$15.00

60 DEXMETHYLPHEN

BMU
U&C: 468.32
PLAN AC

ALLERGIES

NO KNOWN DRUG ALLERG

Hannaford

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

PHARMACY

RX COPAY - CASH 2.98
RX COPAY - CASH 15.00
2 BALANCE DUE 17.98
Dedit Card \$17.98

MID: 0101508
RRN: 369610

SALE

XXXXXXXXXXXX391
US DEBIT Entry Method: 18:22:52
12/20/2022 369610
INVOICE:

Account Type: Primary
Trace #: 00312031

Total: Lane #: 36
USD\$ 17.98
102321

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

CHANGE 0.00

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PIN: 1220835080365128

FSA Eligible Total \$17.98

STORE: 08350 REGISTER: 036 CASHIER: 0280
TICKET#: 5128 20DEC2022 18:22:55
Thanks for shopping at Hannaford!

Dave Cole Store Manager
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