

Online Claim Submission

Code: JKH
Employer: ASA CONTROLS, INC.
EmpID: 269885959
EmpName: Wahlbrink, Melissa
Submitted: February 10, 2023
Batch: 30282410
Claim Total: \$10.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/9/2023	RX	\$10.00	Provider: Walgreens Pharmacy. For whom: Melissa Wahlbrink. Prescription for Zoloft. 10.00 copay after ran through insurance.

Walgreens

#07470 1032 HARRISON AVE
HARRISON, OH 45030
513-367-2127

407 1701 0091 02/09/2023 2:47 PM

FSA RX 3359460 10.00

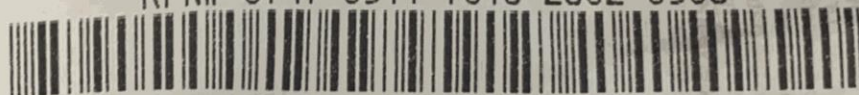
TOTAL 10.00
VISA ACCT 3142 10.00
AUTH CODE 02107D
EXPRESS PAY
CHANGE .00

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 10.00
TOTAL FSA AND RX ITEMS 10.00
APPROVED FSA/HRA AMOUNT 0.00

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REDEEM \$2 WALGREENS CASH REWARDS ON YOUR
NEXT PURCHASE! WALGREENS CASH REWARDS
CANNOT BE REDEEMED ON SOME ITEMS. FOR
FULL DETAILS SEE MYWALGREENS.COM

RFN# 0747-0911-7016-2302-0903



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