

Online Claim Submission

Code: PVM
Employer: Providence Medical Group
EmplID: 562337763
EmpName: Boehmer, Sarah
Submitted: February 10, 2023
Batch: 30281311
Claim Total: \$50.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/9/2023	RX	\$50.00	Provider: Melanie Lowe. For whom: Mattie.

RECEIPT

No. 280906

DATE

2/9/23

FROM

Apple Highway

\$ 50.00

DOLLARS

☐ FOR RENT
☐ FOR

Family Counseling

ACCT.

☐ CASH

PAID

☐ CHECK

DUE

☐ MONEY ORDER

☒ CREDIT CARD

FROM

BY

M. J. J. J.

A-1152
T-4161

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