

## Online Claim Submission

Code: AOO  
Employer: Scarborough School Dept  
EmpID: 000003715  
EmpName: Keay, Erica  
Submitted: January 23, 2023  
Batch: 29990649  
Claim Total: \$2.79  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	10/20/2022	RX	\$2.79	Provider: Hannaford Pharmacy. For whom: Devan Keay.



(207)839-6551  
59 MAIN ST  
GORHAM ME 04038

# KEA

DEVAN KEAY

DOB 12/12/2014

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

N

7002727

FILED: 10/19/2022

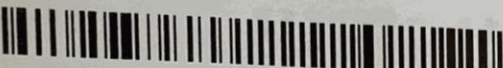
NO REFILLS DAYS: 30

WHITTING, GENEVEVE

AMOUNT DUE: \$2.79

30 SERTRALINE 25 MG

BMU  
U&C: 15.00  
PLAN AC



ALLERGIES

NO KNOWN DRUG ALLERGY

## Hannaford

99 Main Street - Gorham ME 04038  
(207) 839-5553 - www.hannaford.com

PHARMACY

RX COPY - CASH

1 BALANCE DUE  
Debit Card

MID:  
RRN:

SALE

0101508  
364385

2.79 #  
2.79  
\$2.79

XXXXXXXXXXXX3891  
US DEBIT  
10/20/2022

Entry Method:

INVOICE:

Chip  
16:52:19  
364385

Account Type: Primary  
Trace #: 00390477

Lane #: 36  
USD\$ 2.79

Total:

APPROVED

US DEBIT

AID:

TYR:

TSI:

A0000000980840  
8000048000  
6800

CHANGE

0.00

\*\*\*\*\*  
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See website for complete rules.  
\*\*\*\*\*

PIN: 1020835010366044  
\*\*\*\*\*

FSA Eligible Total \$2.79

STORE: 08350 REGISTER: 036 CASHIER: 0280  
TICKET#: 6044 20OCT2022 16:52:22

Thanks for shopping at Hannaford!

Dave Cole Store Manager

Questions or comments?

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