

Online Claim Submission

Code: AOO
Employer: Scarborough School Dept
EmpID: 000003715
EmpName: Keay, Erica
Submitted: January 23, 2023
Batch: 29990057
Claim Total: \$7.21
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/21/2023	RX	\$7.21	Provider: Hannaford Pharmacy. For whom: Devan Keay.



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

KEA

DEVAN KEAY

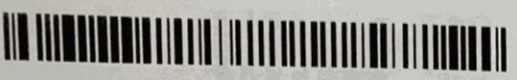
DOB 12/12/2014

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

N
7016592
FILED: 1/19/2023
REFILLS-1
DEANE, JENNIFER
AMOUNT DUE: \$7.21

90 SERTRALINE 25 MG

BMU
U&C: 30.00
PLAN AC



ALLERGIES

NO KNOWN DRUG ALLERGY

Hannaford

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

PHARMACY

RX COPAY - CASH

1 BALANCE DUE
Debit Card

7.21
7.21
\$7.21

MID:
RRN:

0101508
379930

SALE

XXXXXXXXXXXX3891
US DEBIT
01/21/2023

Entry Method:

INVOICE:

Account Type: Primary
Trace #: 00378824

Total:

Chip
16:18:09
379930
Lane #: 37
USD\$ 7.21
181284

APPROVED
US DEBIT
AID:
TVR:
TSI:

A0000000980840
8000048000
6800

CHANGE

0.00

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PIN: 0121835030376626

FSA Eligible Total \$7.21

STORE: 08350 REGISTER: 037 CASHIER: 0281
TICKET#: 6626 21JAN2023 16:18:12

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Dave Cole Store Manager

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