

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

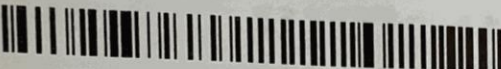
FILED: 10/19/2022

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

MTD:
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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PIN: 1020835010366044

FSA Eligible Total

\$2.79

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

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Dave Cole Store Manager

Questions or comments?

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