

Online Claim Submission

Code: FHI
Employer: Freenome Holdings Inc.
EmpID: 294724289
EmpName: Kaplan, Kelly
Submitted: January 23, 2023
Batch: 29990355
Claim Total: \$28.90
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/21/2023	RX	\$28.90	Provider: Walgreens. For whom: Kelly Kaplan. two prescriptions



#1526 3230 LAKESHORE AVE
JAN 24 10 51 AM '23
510-771-0843

758 0310 01/21/2023 11:19 AM

FSA RX 037239 3.90
FSA RX 0390432 25.00

TOTAL 28.90
MASTERCARD ACCT 8517 28.90
AUTH CODE 19956P
EXPRESS PAY
CHANGE .00

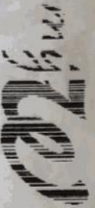
TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 28.90
TOTAL FSA AND RX ITEMS 28.90
APPROVED FSA/HEA AMOUNT 0.00

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