

Online Claim Submission

Code: SWA
Employer: WA State PEBB
EmpID: 420130782
EmpName: BECKER, JESSICA
Submitted: January 23, 2023
Batch: 29991102
Claim Total: \$93.80
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/15/2023	RX	\$93.80	Provider: Ostrom. For whom: Simon, Walter.

Ostroms Drug & Gift
6414 NE Bothell Way
Kenmore, WA 98028-4819
Phone: (425) 486-7711
Fax: (425) 486-9639

Jan 15 2023 4:36PM

Receipt # 669183

Cashier: MI

Drawer #: POS05 - 18407

Rx 1525566-00 - WALTER BECKER	2.40 F
Rx 1519733-00 - Simon Becker	90.40 F
Rx 1519735-00 - Simon Becker	1.00 F

Subtotal 93.80

Tax Total 0.00

Items: 3 Total 93.80

Visa Tendered 93.80

Acct #...8068

Approval #...06685D

F = FLEX/FSA/HRA Eligible

FSA Eligible \$93.80

Signature required for the following:

- Payment(s) require a signature
- Receipt of Prescriptions

Signature

I agree to pay above total amount according to
card issuer agreement.

MID: 12063569

Entry: SWIPE



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Medication Information

