Online Claim Submission

Code: SWA

Employer: WA State PEBB

EmpID: 328725186

EmpName: MCDERMOTT, JENNIFER

Submitted: January 23, 2023

Batch: 29991569

Claim Total: \$1.04

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/6/2023	RX	\$1.04	Provider: Safeway. For whom: Jennifer
				McDermott.

