

Online Claim Submission

Code: AOO
Employer: Scarborough School Dept
EmpID: 000003715
EmpName: Keay, Erica
Submitted: January 23, 2023
Batch: 29990595
Claim Total: \$17.98
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	12/20/2022	RX	\$17.98	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

7012223
FILLED: 12/20/2022

NO REFILLS
DEANE, JENNIFER
AMOUNT DUE: \$2.98

30 SERTALINE 25 MG

BMU
U&C: 15.00
PLAN AC

ALLERGIES

NO KNOWN DRUG ALLERG



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KEA

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N

2372051
FILLED: 12/20/2022

NO REFILLS
DEANE, JENNIFER
AMOUNT DUE: \$15.00

60 DEXMETHYLPHEN

BMU
U&C: 468.32
PLAN AC

ALLERGIES

NO KNOWN DRUG ALLERG

Hannaford

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

PHARMACY

RX COPAY - CASH

2 BALANCE DUE

Dedit Card

MID:

SALE

XXXXXXXXXXXX391

US DEBIT

12/20/2022

INVOICE:

Account Type: Primary

Trace #: 00312031

Total:

APPROVED

US DEBIT

AID:

TYR:

TSI:

A0000000980840
8000048000
6800

0.00

CHANGE

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PIN: 1220835080365128

FSA Eligible Total \$17.98

STORE: 08350 REGISTER: 036 CASHIER: 0280

TICKET#: 5128 20DEC2022 18:22:55

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Dave Cole Store Manager

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