

Online Claim Submission

Code: AOO
Employer: Scarborough School Dept
EmpID: 000003715
EmpName: Keay, Erica
Submitted: January 23, 2023
Batch: 29989927
Claim Total: \$15.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	12/8/2022	RX	\$15.00	Provider: Hannaford Pharmacy. For whom: Devan Keay.

Hannaford

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

PHARMACY

RX COPAY - CASH

15.00 #

1 BALANCE DUE

15.00

Debit Card

\$15.00

MID:
RRN:

0101508
368495

SALE

XXXXXXXXXXXX0514

US DEBIT

Entry Method:

Chip 17:41:55
368495

12/08/2022

INVOICE:

Account Type: Primary

Trace #: 00353666

Lane #: 36
USD\$ 15.00

Total:

164616

APPROVED
US DEBIT

A0000000980840

ATD:

8000048000

TVR:

6800

TSI:

CHANGE 0.00

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PIN: 1208835000363209

FSA Eligible Total \$15.00

STORE: 08350 REGISTER: 036 CASHIER: 0280

TICKET #: 3209 8DEC2022 17:41:58

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Dave Cole Store Manager

Questions or comments?

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