

## Online Claim Submission

Code: AOO  
Employer: Scarborough School Dept  
EmpID: 000003715  
EmpName: Keay, Erica  
Submitted: January 23, 2023  
Batch: 29990467  
Claim Total: \$2.79  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	11/20/2022	RX	\$2.79	Provider: Hannaford Pharmacy. For whom: Devan Keay.



(207) 839-6551  
99 MAIN ST.  
GORHAM ME 04038

# KEA

DEVAN KEAY

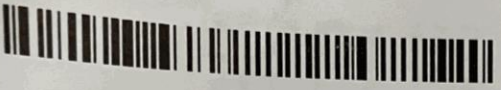
DOB 12/12/2014

61 MIGHTY ST  
GORHAM, ME 04038-2266  
Ph: (207) 807-3671

N  
7002903  
FILLED: 11/14/2022  
NO REFILLS  
DEANE, JENNIFER  
DAYS: 3  
AMOUNT DUE: \$2.79

30 SERTRALINE 25 MG

BMU  
U&C: 15.00  
PLAN AC



ALLERGIES

NO KNOWN DRUG ALLERGY

## Hannaford

Main Street - Gorham ME 04038  
(207) 839-6553 - [www.hannaford.com](http://www.hannaford.com)

PHARMACY

RX COPY - CASH

2.79 #  
BALANCE DUE  
Debit Card \$2.79

MI: 0101508  
RRN: 366900

SALE

XXXXXXXXXXXX0314  
US DEBIT  
11/20/2022  
INVOICE:  
Account Type: Primary  
Trace #: 00284467

Entry Method: Chip  
11:47:02  
366900  
Lane #: 36  
USD \$ 2.79  
14677

APPROVED  
US DEBIT  
AID: A1000000980840  
TVR: 8000048000  
TSI: 6800

CHANGE 0.00

\*\*\*\*\*  
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See website for complete rules.

PIN: 1120835020360499  
\*\*\*\*\*

FSA Eligible Total \$2.79  
STORE: 08350 REGISTER: 036 CASHIER: 0280  
TICKET#: 0499 20NOV2022 11:47:05  
Thanks for shopping at Hannaford!

Dave Cole Store Manager  
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