

## Online Claim Submission

Code: AOO  
Employer: Scarborough School Dept  
EmpID: 000003715  
EmpName: Keay, Erica  
Submitted: January 23, 2023  
Batch: 29990619  
Claim Total: \$15.00  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	11/8/2022	RX	\$15.00	Provider: Hannaford Pharmacy. For whom: Devan Keay.



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

# KEA

DEVAN KEAY

DOB 12/12/2014

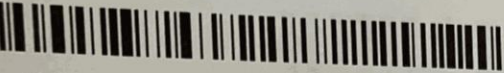
61 MIGHTY ST  
GORHAM, ME 04038-2266  
Ph: (207) 807-3671

N  
2371145  
FILED: 11/5/2022  
NO REFILLS DAYS: 30  
HO, JANE

AMOUNT DUE: \$15.00

60 DEXMETHYLPHE ER  
A

BMU  
U&C: 468.32  
PLAN AC



ALLERGIES

NO KNOWN DRUG ALLERGY

## Hannaford

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PHARMACY

RX COPAY - CASH 15.00 #  
1 BALANCE DUE 15.00  
Debit Card \$15.00

MID: 0101508  
RRN: 365920

SALE

XXXXXXXXXXXX0514  
US DEBIT Entry Method: Chp  
11/08/2022 16:29:24  
INVOICE: 365920

Account Type: Primary  
Trace #: 00165475

Total: Lane #: 36  
USD\$ 15.00  
142795

APPROVED  
US DEBIT  
AID: A0000000980840  
TVR: 8000048000  
TST: 6800

CHANGE 0.00  
\*\*\*\*\*

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PIN: 1108835000368788  
\*\*\*\*\*  
FSA Eligible Total \$15.00

STORE: 08350 REGISTER: 036 CASHIER: 0280  
TICKET#: 8788 8NOV2022 16:29:27  
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