

Online Claim Submission

Code: MAP
Employer: Currence, LLC
EmpID: 502680659
EmpName: Aipperspach, Jeffrey
Submitted: January 23, 2023
Batch: 29991778
Claim Total: \$17.81
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/22/2023	RX	\$17.81	Provider: Dr Alicia Cantrell (PCP). For whom: Jeff (myself). Attempted to use my benefits debit MC and clerk told me "account not available". Paid with my personal credit card. Prescriptions are regular monthly maintenance (hypertension) medications.



#03332 2400 S JACKSON ST
SEATTLE, WA 98144
206-329-6850

316 2135 0041 01/22/2023 10:44 AM

FSA RX 1711242	2.55
FSA RX 1705857	5.26
FSA RX 1666034	10.00

TOTAL	17.81
VISA ACCT 4513	17.81
AUTH CODE	212244
CHANGE	.00

TOTAL FSA ITEMS	0.00
TOTAL RX ITEMS	17.81
TOTAL FSA AND RX ITEMS	17.81

APPROVED FSA/HRA AMOUNT	0.00
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RFN# 0363-2412-1850-2301-2203



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