

## Online Claim Submission

Code: GDK

Employer: Gordon Rees Scully Mansukhani, LLP

EmplID: 1804

EmpName: Davison, Kimberley

Submitted: January 23, 2023

Batch: 29989965

Claim Total: \$65.81

Attachments: 4

| Line | Service Date(s) | Type    | Cost    | Notes  |
|------|-----------------|---------|---------|--|
| 1    | 1/12/2023       | RX      | \$45.81 | Provider: Walgreen. For whom: Kimberley Davison. Prescr                  |
| 2    | 1/3/2023        | GENERAL | \$20.00 | Provider: Phoenician Medical Center. For whom: Kimberley Davison. Co-Pay |

1/3/23, 1:31 PM

PM

Phoenician Medical Center  
1343 N Alma School Rd  
Chandler, AZ 85224  
480-963-1853

KIMBERLEY DAVISON  
3145 E CHANDLER BLVD  
UNIT 110-701  
PHOENIX, AZ 85048-8702  
MRN: 00064859

**RECEIPT**

THANK YOU  
Printed by B.B. 01/03/2023

| Payment Date   | Payment Type | Payment Amount |
|----------------|--------------|----------------|
| 01/03/2023     | Cash -       | \$20.00        |
| Total Payment: |              | \$20.00        |

# Walgreens

#04046 3960 E CHANDLER BLVD  
PHOENIX, AZ 85048  
480-759-1368

819 7232 0091 01/13/2023 11:56 AM

FSA RX 4314083 35.00  
FSA RX 4314082 10.00  
FSA RX 4314085 0.00  
FSA RX 4170476 0.81

TOTAL 45.81  
VISA ACCT 1737 45.81  
AUTH CODE 08304C  
CHANGE .00

TOTAL FSA ITEMS 0.00  
TOTAL RX ITEMS 45.81  
TOTAL FSA AND RX ITEMS 45.81  
APPROVED FSA/HRA AMOUNT 0.00

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RFN: 0404-6917-2225-2301-1303

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