

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.



KEA

(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

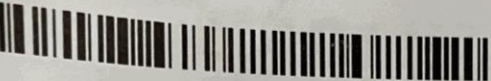
NO REFILLS

DEANE, JENNIFER

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

PHARMACY

RX COPY - CASH

1 BALANCE DUE

2.79 #
\$2.79

MT:
RRN:

SALE

0101508
366900

Self

XXXXXXXXXXXX0314
US DEBIT
11/20/2022

Entry Method:

Chip
11:47:02
366900

INVOICE:

Account Type: Primary

Trace #: 00284467

Lane #: 36
USD \$ 2.79

Total:

14677

APPROVED
US DEBIT

AT000000980840
8000048000
6800

AID:
TVR:
TSI:

CHANGE

0.00

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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

Questions or comments?

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