

Online Claim Submission

Code: TUB
Employer: TubeArt Signs and Sports Displays
EmpID: 531729352
EmpName: HARGETT, JEFFREY
Submitted: January 23, 2023
Batch: 29991661
Claim Total: \$194.13
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/21/2023	RX	\$194.13	Provider: Brenda Newman. For whom: Jeffrey HARGETT.



Store #06917
248 Bendigo Blvd. So
North Bend, WA 98045
(425) 888-1672

Register #8 Transaction #30562
Cashier #69178335 1/21/23 9:51AM

1	SCANNED PHARMACY	15.00	H
	Rx #92764		
1	SCANNED PHARMACY	164.13	H
	Rx #92765		
1	SCANNED PHARMACY	15.00	H
	Rx #92766		

3 Items	Subtotal	\$194.13
	Tax	\$.00
	Total	\$194.13
* E-CHECK *		\$194.13

Check #6614
Trc #1400310000036444975782
Tchk Merchant #36178423
Approval #1069 AUTO
Tendered \$194.13
Cash Change \$.00

THANK YOU FOR SHOPPING AT BARTELL DRUGS
You were served by IZZABELLA today.



H - Health FSA *

Health FSA benefit total 194.13

* The health FSA benefit total includes items that may be eligible for reimbursement from a participating FSA (Flexible Spending Account) health plan. Contact your plan administrator for details.

ELECTRONIC CHECK

When you pay by check, you authorize us to use its information to process an Electronic Funds Transfer (EFT) or draft drawn from your account, or process the payment as a check. You also authorize us to process credit adjustments, if applicable. If your payment is returned unpaid, you authorize us to collect your payment and the Return Fee amount below by EFT(s) or draft(s) from your account. If you are presenting a corporate check, you make these representations as an authorized corporate representative.
Questions? Call 1-800-366-2425

RETURN FEE AMOUNT \$30.00
\$30 Fee if Debt age < 33; otherwise \$30 + Item
Amt up to \$40 + 12% annual interest.

We want to hear about your
shopping experience.

Tell us by entering the code below.

wecare.bartelldrugs.com

0121 0906 9170 8627

See reverse for details.



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