

## Online Claim Submission

Code: LCT  
Employer: Lancaster County, NE  
EmpID: 511667629  
EmpName: Staats, Sidney  
Submitted: January 23, 2023  
Batch: 29989684  
Claim Total: \$333.90  
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/17/2023	VISION	\$243.90	Provider: Eyecare spec. For whom: Sidney.
2	1/6/2023	RX	\$90.00	Provider: Walgreens. For whom: Danialle Staats.

ECS Superior Street  
2500 Northview Rd  
Lincoln, NE 685211383  
(402) 420-2020

# Invoice



Office # : 1132  
Service Date: 01/17/2023  
Payment #: 7759125  
Employee :

Patient Name: Sidney Staats  
2550 25  
Lincoln, NE 68522

Item/ Service Description	Proc Code	Retail Price	Discount	Insurance Allowance	Insurance Copay	Patient Due
<b>Order # 7091542 Insurance: none</b>						
Routine Vision Exam - New Pt - S0620 - S0620	S0620	\$158.90				\$158.90
92015-Refractive - 92015	92015	\$40.00				\$40.00
S9986.4 - Screening Retinal Photos - S9986.4	S9986	\$45.00				\$45.00
<b>Total</b>		<b>\$243.90</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$243.90</b>

Tax/Fee \$0.00

Total Due \$243.90  
Payment \$243.90  
Balance \$0.00

Payment	Amount	
Visa	\$243.90	Auth

Superior  
2500 Northview Rd  
Lincoln NE 68521  
(402) 420-2020  
MID 8788290441339

CC Sale

BRIC: 06UK7T017KHDKRX52D7  
Batch #: 1240  
01/17/23  
APPR CODE: 301184  
Visa  
\*\*\*\*\*2859

Item 0018  
15:34:39  
EMV

This receipt may reflect charges billed to your insurance determined upon claim payment. Not applicable to R

ge. Final amounts due will be

Amount \$243.90

APPROVED

VISA CREDIT  
AID: A0000000031010  
TVR: 8080008000  
TSI: 6800

CUSTOMER COPY

# Walgreens

#05736 815 N 27TH ST  
LINCOLN, NE 68503  
402-435-5151

726 9982 0091 01/10/2023 2:47 PM

FSA RX 2206793 50.00

TOTAL 50.00  
VISA ACCT 2859 50.00  
AUTH CODE 956215  
CHANGE .00

TOTAL FSA ITEMS 0.00  
TOTAL RX ITEMS 50.00  
TOTAL FSA AND RX ITEMS 50.00  
APPROVED FSA/HRA AMOUNT 0.00

THANK YOU FOR SHOPPING AT WALGREENS

YOU COULD HAVE EARNED AN ADDITIONAL  
WALGREENS CASH REWARDS BY USING YOUR  
MYWALGREENS MEMBERSHIP TODAY.  
RESTRICTIONS APPLY. FOR TERMS AND  
CONDITIONS, VISIT MYWALGREENS.COM.

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OR GO TO MYWALGREENS.COM. ENROLLING IS  
QUICK, EASY AND FREE! REDEEM WALGREENS  
CASH REWARDS OFF FUTURE PURCHASES.

RFN# 0573-6919-9823-2301-1003



myWalgreens

# Walgreens

#05874 2630 PINE LAKE RD  
LINCOLN, NE 68512  
402-421-0984

239 4587 0041 01/06/2023 8:58 AM

FSA RX 2775584 25.00  
FSA RX 2774331 5.00  
FSA RX 2682328 5.00  
FSA RX 2755409 5.00

TOTAL 40.00  
DEBIT CARD 40.00  
AUTH CODE 634527  
CHANGE .00

Sale  
AID A0000000980840  
US DEBIT  
Integrated chip card  
PIN Verified

TOTAL FSA ITEMS 0.00  
TOTAL RX ITEMS 40.00  
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THANK YOU FOR SHOPPING AT WALGREENS

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RFN# 0587-4414-5878-2301-0603



\*\*\*\*\*

myWalgreens

\$1.23 W CASH REWARDS AVAILABLE

myWalgreens ACCT # \*\*\*\*\*8479

OPENING BALANCE \$0.83  
EARNED THIS VISIT \$0.40  
CLOSING BALANCE \$1.23

\*\*\*\*\*

Walgreens 05874  
ACCT 1548  
SEQUENCE 5874410050  
PAYMENT FROM PRIMARY

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Lincoln, NE 685211383  
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