Online Claim Submission

Code: DLP

Employer: Dale L. Prentice Company

EmpID: 366483339

EmpName: Sweet, Howard

Submitted: January 23, 2023

Batch: 29991620

Claim Total: \$4.42

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/23/2023	RX	\$4.42	Provider: CVS PHARMACY. For whom: Laura
				Sweet. Rx:1633362

