

Online Claim Submission

Code: AOO
Employer: Scarborough School Dept
EmpID: 000003715
EmpName: Keay, Erica
Submitted: January 23, 2023
Batch: 29990657
Claim Total: \$2.60
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	9/21/2022	RX	\$2.60	Provider: Hannaford Pharmacy. For whom: Devan Keay.

Hannaford

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PHARMACY

RX CO-PAY - CASH 2.60 #
BALANCE DUE 2.60
Debit Card \$2.60

MID: 0101508
RRN: 362001

SALE

XXXXXXXXXXXX3891
US DEBIT Entry Method: Chip
09/21/2022 18:18:49
INVOICE: 362001
Account Type: Primary
Trace #: 00256892
Lane #: 36
Total: USD\$ 2.60
APPROVED 181982
US DEBIT
AID: A0000000980840
TVR: 8000048000
TSI: 6800

CHANGE 0.00

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PIN: 0921835010361813

FSA Eligible Total \$2.60

STORE: 06350 REGISTER: 036 CASHIER: 0280
TICKET#: 1813 21SEP2022 18:18:51

Thanks for shopping at Hannaford!

Dave Cole Store Manager

Questions or comments?

E-mail dcole@Hannaford.com