

Online Claim Submission

Code: HDR
Employer: Shared Services, LLC
EmpID: 280466672
EmpName: Thomas, Linda
Submitted: February 11, 2023
Batch: 30292077
Claim Total: \$23.59
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/9/2023	RX	\$23.59	Provider: Meijer. For whom: Spouse.

meijer

3911 W. State Route 22 3
Loveland, OH 45140 - # 150
(513)583-2100 meijer.com

The Meijer Team appreciates your business
02/09/23
Your checkout was provided by BASEL

SALE	Prescriptions	23.59 +
630	mPerks # -- *****30	
	TOTAL TAX	.00
	TOTAL	23.59
VISA Payment	TENDER	23.59
XXXXXXXXXXXX8330	(C)	
APPROVAL CODE 09501D		
CHASE VISA		
AID A0000000031010		
TC F8632949120333CF		
NO CVM REQUIRED		

NUMBER OF ITEMS 1

For information on Meijer return policy
visit meijer.com



A01500AIBJ19ADS

Tx:303 Op:3150817 Tm:49 St:150 18:13:18

HEALTH SAVINGS

+ Indicates Health Item

Health Item Total : \$23.59

Monitoring your health spending is now
simplified at Meijer. The health item
total above represents items (including
tax) that may be eligible for
reimbursement from your FSA/HSA/HRA
plan. Visit www.meijer.com/pharmacy
or call (866) 509-9293
for more information.

DTD YOU EARN YOUR