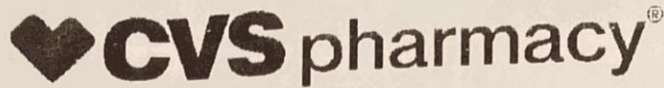


## Online Claim Submission

Code: LSL  
Employer: LifeStance Health, Inc.  
EmpID: 783889519  
EmpName: Jimenez, Mona  
Submitted: February 10, 2023  
Batch: 30283472  
Claim Total: \$12.17  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/22/2023	RX	\$12.17	Provider: Stephen ake md. For whom: Mona jimenez. Cvs copah for labetalol



1305 N HWY 377  
ROANOKE, TX 76262  
682.831.1923

REG#19 TRN#2799 CSHR#2090793 STR#10487

Helped by: KYLA

ExtraCare Card #: \*\*\*\*\*1086

**FSA ELIGIBLE ITEMS**

1 RX #: \*\*\*\*5420000 12.17N

Survey ID #

1819 4052 4587 259 49

TOTAL	12.17
MASTERCARD	12.17
*****3905	MS
APPROVED# 014851	
CHANGE	.00



3510 4873 0222 7991 94

State law may prohibit the return  
of prescriptions. Please consult  
your pharmacist.

Returns with receipt, subject to  
CVS Return Policy, thru 03/23/2023  
Refund amount is based on price  
after all coupons and discounts.

JANUARY 22, 2023

11:48 AM



**FLEXIBLE SPENDING ACCT SUMMARY (FSA)**  
Prescription Eligible Total 12.17

\*\*\*\*\*  
FSA summary above includes items  
(and tax) that may be eligible for plan  
reimbursement. Restrictions may apply.  
\*\*\*\*\*  
\*\*\*\*\*

We would love to hear your feedback  
on your recent experience with us.  
This survey will take only  
1 minute to complete.

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