

Online Claim Submission

Code: NCO
Employer: Novogradac & Company LLP
EmplID: 1610
EmpName: SABINE, DONALD
Submitted: January 23, 2023
Batch: 29988845
Claim Total: \$237.14
Attachments: 4

Line	Service Date(s)	Type	Cost	Notes
1	1/20/2023	RX	\$189.29	Provider: CVS Pharmacy. For whom: Colin Sabine.
2	1/19/2023	RX	\$47.85	Provider: CVS Pharmacy. For whom: Amy SABine.



1339 NORTH MAIN STREET
NORTH CANTON, OH 44720
330.966.4703

REG#19 TRN#7166 CSHR#1994238 STR#2385

Helped by: LARISSA

F 1 RX #: ****3570000 189.29N

Survey ID #

3160 5289 4852 931 62

TOTAL	189.29
CHARGE	189.29
*****0016	RF
CHASE VISA	*****0016
APPROVED# 04984C	REF# 191667
TRAN TYPE: SALE	AID: A0000000031010
TC: 9DC685D52D8B0512	TERMINAL# 85226464
NO SIGNATURE REQUIRED	CVM: 1F0000
TVR(95): 0000000000	TSI(9B): 0000

CHANGE .00



3502 3853 0207 1661 95
State law may prohibit the return
of prescriptions. Please consult
your pharmacist.
Returns with receipt, subject to
CVS Return Policy, thru 03/21/2023
Refund amount is based on price
after all coupons and discounts.

JANUARY 20, 2023 6:38 PM



F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 189.29

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

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2020 E

DOB:

CVS pharmacy®

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NORTH CANTON, OH 44720
330.966.4703

Pre

REG#19 TRN#6997 CSHR#2153880 STR#2385

Helped by: ANTOINETTE

F 1 RX #: ****8580010 47.85N

Survey ID #

6432 1250 9756 283 90

TOTAL 47.85
CHARGE 47.85

*****0016

RF

CHASE VISA

*****0016

APPROVED# 03069C

REF# 199972

TRAN TYPE: SALE

AID: A0000000031010

TC: DC2CDE101B3EF063

TERMINAL# 85226464

NO SIGNATURE REQUIRED

CVM: 1F0000

TVR(95): 0000000000

TSI(9B): 0000

CHANGE .00



3502 3853 0196 9971 90

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JANUARY 19, 2023

5:54 PM



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