

Online Claim Submission

Code: YAD

Employer: Superior Court of California, County of

EmpID: 100161

EmpName: Guney, Alexander

Submitted: February 10, 2023

Batch: 30283456

Claim Total: \$53.59

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/6/2023	RX	\$53.59	Provider: CVS. For whom: Alexander Guney. Prescription medicine



3600 GEARY BOULEVARD
SAN FRANCISCO, CA 94118
415.668.6083

REG#13 TRN#2175 CSHR#2127470 STR#10330

Helped by: SANDAR

ExtraCare Card #: *****4270

F 1 RX #: ****5540000 53.59N

Survey ID #

0033 1277 6103 751 24

TOTAL
CHARGE

53.59
53.59

*****8159

RF

*****8159

APPROVED# 063987

REF# 131759

TRAN TYPE: SALE

AID: A0000000031010

TC: 19C1A53BDB8732B0

TERMINAL# 69012683

NO SIGNATURE REQUIRED

CVM: 280000

TVR(95): 0000000000

TSI(9B): 0000

CHANGE

.00



3510 3303 0372 1751 37

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

Returns with receipt, subject to
CVS Return Policy, thru 04/07/2023
Refund amount is based on price
after all coupons and discounts.

FEBRUARY 6, 2023

5:09 PM





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