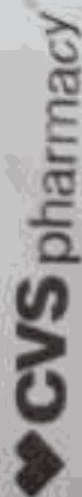


Online Claim Submission

Code: LLN
Employer: City of Lincoln
EmpID: 506981388
EmpName: Campbell, Dianne
Submitted: February 10, 2023
Batch: 30282831
Claim Total: \$30.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/9/2023	RX	\$30.00	Provider: CVS. For whom: Dianne.



1550 ROUTE 37
LINDSEY, NE 68502
402.477.0333

REC#20 TRANSACTION CONFIRMATION 3/15/23

Helped by: BRANKA

ExtraCare Card #: *****1675

EXP: 05/10/2023
EXP: 05/10/2023

2 ITEMS

TOTAL

DANCE

30.00

30.00

30.00

30.00

DANCE

00



3550 4733 0401 5062 05
State law may prohibit the return
of prescriptions. Please consult
your pharmacist.
Returns with receipt, subject to
CVS Return Policy thru 04/10/2023
Refund amount is based on price
after all coupons and discounts.

FEBRUARY 9, 2023 4:13 PM

0 0 0 0 0 0 0 0 0 0

FLEXIBLE SPENDING ACCT SUMMARY (FSM)
Prescription eligible total: 30.00

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