

Online Claim Submission

Code: CKC

Employer: Cullen-Frost Bankers, Inc.

EmpID: 601784012

EmpName: Inigo, Arturo

Submitted: February 10, 2023

Batch: 30281130

Claim Total: \$25.00

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/8/2023	RX	\$25.00	Provider: CVS. For whom: Arturo Inigo. Diabetes injections



22125 CUMBERLAND
CYPRESS, TX 77433
281.758.1031

REG#13 TRN#9344 CSHR#2267990 STR#10906

Helped by: AMBER

ExtraCare Card #: *****0886

FSA ELIGIBLE ITEMS

1 RX #:	****1970000
1 RX #:	****1940000
1 RX #:	****2720000

3 ITEMS

Survey ID #

7912 8162 5698 882 06

TOTAL

25.00
VISA

*****6069
APPROVED# 446246

CHANGE
.00



3610 9063 0399 3441 31

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

Returns with receipt, subject to
CVS Return Policy, thru 04/09/2023
Refund amount is based on price
after all coupons and discounts.

FEBRUARY 8, 2023 6:23 PM



FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 26.00

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.



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