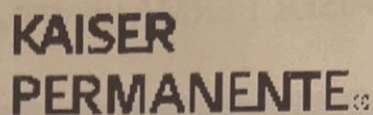


Online Claim Submission

Code: LSL
Employer: LifeStance Health, Inc.
EmpID: 610300631
EmpName: Haven, Erin
Submitted: February 11, 2023
Batch: 30283912
Claim Total: \$84.29
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/10/2023	RX	\$84.29	Provider: Kaiser Pharmacy. For whom: Erin Haven.



2/10/23
Trans.: 4040
Reg.: 003
Cashier: Y201983

5:35 PM
Store: 01553
T111: ao02
Sales: Y201983

RX 105505208468 5.00 NY

RX 105505208467 60.00 NY

FLONASE OTC 72SPRY 0.380Z	17.99	TY
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353100228899 1 @ 17.99

Subtotal	82.99
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Total Sales Tax	1.30
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Total	84.29
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Credit	84.29
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Card: Visa

Account: 5189

Auth: 08165C (A)

Entry: Contactless

APPROVED

```

Mode:
AID: A0000000031010
TVR: 0000000000
IAD: 1F43015120000000000000000000000030985
      00000000000000000000000000000000
ARC: 00
APP: Visa Credit

```

Total Tender	84.29
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Change Due	0.00
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