

Online Claim Submission

Code: VSP
Employer: Sifted LLC
EmpID: 514980645
EmpName: Bensman, Amalia
Submitted: February 9, 2023
Batch: 30256062
Claim Total: \$70.00
Attachments: 0 (Source: FlexConnect)

| Line | Service Date(s) | Type | Cost | Notes |
|------|-----------------|------|---------|--|
| 1 | 2/1/2023 | RX | \$70.00 | Provider: CVS PHARMACY 04323. For whom: TIMOTHY BENSMAN. |