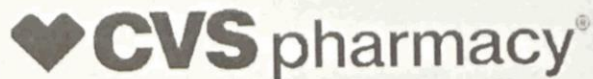


Online Claim Submission

Code: UPI
Employer: UPI
EmplID: 567178196
EmpName: Brevig, Mikal
Submitted: February 11, 2023
Batch: 30292244
Claim Total: \$10.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/10/2023	RX	\$10.00	Provider: Cvs. For whom: Mikal.



1193 ADMIRAL CALLAGHANLN
VALLEJO, CA 94591
707.552.0496

REG#19 TRN#4458 CSHR#2329097 STR#9927

Helped by: JUSTIN

F 1 RX #: ****1120010 10.00N

Survey ID #

7261 6174 0399 412 02

TOTAL	10.00
VISA	10.00
*****9221	CF
APPROVED# 06410D	
CHANGE	.00



3509 9273 0104 4581 90

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

Returns with receipt subject to
CVS Return Policy, thru 03/11/2023
Refund amount is based on price
after all coupons and discounts.

JANUARY 10, 2023 5:42 PM



F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 10.00

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

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