

Online Claim Submission

Code: RG9
Employer: Recharge
EmpID: 326888259
EmpName: Zheng, Connie
Submitted: February 10, 2023
Batch: 30283055
Claim Total: \$10.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/10/2023	RX	\$10.00	Provider: CVS. For whom: Peter Lee. Prescription from CVS

Promised: 2/10/23, 1:18 PM

LE 9

Lee, Peter

CVS pharmacy

1774 W JEFFERSON BLVD
FLORISSANT, MO 63031
310 862 9810

REG#14 TRN8383 CSHR#176825 STR#10146

Helped by: LUSIK
ExtraCare Card #: *****0228

F1 RX #: *****6120000
F1 RX #: *****6110000 5.00N

2 ITEMS

Survey ID #
0937 1938 7463 853 28

TOTAL

CHARGE

Mastercard
APPROVED# 417052
TRN TYPE: SALE
IC: 08FR20CB38E/380A
NO SIGNATURE REQUIRED
TRN(35): 00010081000
REF# 143835
AID: 6000000041010
TERMINAL# 84286419
CVM: 1F0302
TSI(98): E800

CHANGE:

.00



3510 1463 0418 3831 41

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

Returns with receipt, subject to CVS Return Policy, thru 04/11/2023
Refund amount is based on price after all coupons and discounts.

FEBRUARY 10, 2023 2:20 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.

We would love to hear your feedback on your recent experience with us. This survey will take only 1 minute to complete.

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