

Online Claim Submission

Code: 1AL
Employer: Allvue Systems
EmpID: 067624701
EmpName: Gottesman, Hershel
Submitted: February 11, 2023
Batch: 30292308
Claim Total: \$10.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	2/10/2023	RX	\$10.00	Provider: CVS Pharmacy. For whom: Jacob Gottesman.

e CVS pharmacy

2000 PENNSYLVANIA AVE WASHINGTON, DC
PHARMACY : 296-0329 {TOLL FREE : 466-3438
REG#13 TRN#6726 CSHR#2221029 STR#2847

Helped by: JODRMS

F 1 RX t: ****9110000 10.00N

Survey ID t

4 1 72 0053 9234 867 29

TOT	10.00
CHARGE	10.00

AMERICAN EXPRESS	*****
APPROVED* 863515	REF# 137265
TRAN TYPE: SALE	RID: R000000025010801
TC: R448BABF367RBEIF	04178004
NO SIGNATURE REQUIRED	5E0300
TVR(95): 0000008000	TSI(9B): E800
	.00

3502 8473 041 5 7261 39

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 4 : 09 PM

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F-FLEXIBLE SPENDING accr SUMMARY
(ESR) Prescript i on E l i Bible Total 10.
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tax) reimbursement.

Restrictions may apply.

FSA (and summar Vhat above may i be ncludes
eligible i temsfor plan

GET YOUR CVS EXTRACARE CARD

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