

Online Claim Submission

Code: EIE

Employer: ServiceNow, Inc.

EmpID: 467770283

EmpName: HART, LASHONDA

Submitted: January 23, 2023

Batch: 29992335

Claim Total: \$150.00

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/11/2023	RX	\$150.00	Provider: Lewisville Medical Pharmacy. For whom: LaShonda Hart.

PATIENT INFORMATION

NDC #: 71052-0691-05
Phone #: 972-832-9539

SEMAGLUTIDE-0.25MG/B12-0.25MG/0.75ML INJ SOL
3308 PRESTON RD STE 350 PMB 361 PLANO TX 75093-7453

01-11-23

Rx #: 153094
HART, LASHONDA

Lewisville Medical Pharmacy
560 West Main Ste 105
Lewisville, TX 75057
972-906-0800

Receipt#: 80495

Register: 1

Date: Wed, Jan 11, 2023

ID: FOLAA

14:53:32

SALES RECEIPT

Description	Amount
*F-Rx#:153094 - 01/11/23	150.00
TOTAL :	150.00
Credit Card :	
Card# ...0494	150.00
Auth: 411135	
Change :	0.00

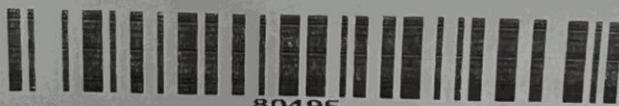
TOTAL NUMBER OF ITEMS : 1

*F = FSA/HRA Eligible Item

FSA/HRA SUMMARY

Eligible Items:	1
Eligible Item Amount:	150.00
Eligible Tax Amount:	0.00
Total Eligible Amount:	150.00
Charged to FSA Card:	0.00

THANK YOU FOR SHOPPING AT
LEWISVILLE MEDICAL PHARMACY



80495