

Online Claim Submission

Code: N4N
Employer: Neo4j, Inc.
EmpID: 079780645
EmpName: Lovitz, Jeffrey
Submitted: February 10, 2023
Batch: 30281458
Claim Total: \$82.81
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	2/10/2023	RX	\$82.81	Provider: CVS. For whom: Jeffrey Lovitz.



537 CANAL ST
STAMFORD, CT 06902
203 323 1293

REG#13 TRN#4509 CSHR#2101291 STR#2258

Helped by: BRITHI

F 1	RX #:	****8750030	10.00N
F 1	RX #:	****6560010	22.81N
F 1	RX #:	****6520030	50.00N

3 ITEMS

Survey ID #

6837 1317 2056 523 93

TOTAL	82.81
CHARGE	82.81

*****8155 CH

VISA CREDIT *****8155

APPROVED# 010134

REF# 135099

TRAN TYPE: SALE

AID: A0000000031010

TC: C8002CAA4DFF88ED

TERMINAL# 84790404

NO SIGNATURE REQUIRED

CVM: 5E0000

TVR(95): 8080008000

TSI(9B): 6800

CHANGE	.00
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3502 2583 0414 5091 33

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

12:29 PM



If you have a concern that an error may have
occurred with your prescription