## Online Claim Submission

Code: A&M

Employer: The Texas A&M University System

EmpID: 311006484

EmpName: Calafiore, Pablo

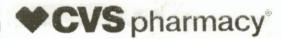
Submitted: January 17, 2023

Batch: 29910793

Claim Total: \$12.94

Attachments: 4

Line	Service Date(s)	Туре	Cost	Notes
1	1/16/2023	RX	\$2.98	Provider: CVS Pharmacy. For whom: Pablo
				Calafiore.
2	1/11/2023	ОТС	\$9.96	Provider: HEB. For whom: Renata Calafiore.
0				OTC cold medicines for my daughter.



20203 STONE OAK PARKWAY SAN ANTONIO, TX 78258 210.481.5598

REG#13 TRN#0562 CSHR#1857880 STR#8978

Helped by: TRAM

ExtraCare Card #: \*\*\*\*\*\*9863

F 1 RX #: \*\*\*\*6050050

Survey ID # 7223 7150 3492 582 05

\*\*\*\*\*\*\*\*\*\*2267 

CHANGE

3508 9783 0160 5621 31 State law may prohibit the return of prescriptions. Please consult your pharmacist.
Returns with receipt, subject to
CVS Return Policy, thru 03/17/2023
Refund amount is based on price
after all coupons and discounts.

JANUARY 16, 2023

11:46 AM

00000

F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 2.98

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

# Share Your Feedback

www.CVSHealthSurvey.com

Hablamos español



### 1006 6786 0111 2313 3100 108

HEB KIDS COUGH-COLD GRAPE CH TYL COLD COUGH ST SUSP

\*\*\*\*\*\*\*\*\* FSA Subtotal\*\*\*\*
\*\*\*\*\*\*\*\*\*\* Total Sale\*\*\*
\*\*\* MASTRCRD EPS

9.96 9.96 9.96

#### ITEMS PURCHASED: 2

FSA/HRA eligible items are identified with an 'H' after the item price Mastercard

\*\*\*\*\*\*\*\*\*\*2267

Chip Read US Appr No : 61098B Re Mode: Issuer V6 AID : A00000000041010 TVR : 0400048000

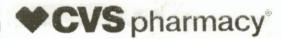
USD\$ 9.96 Ref No : 610696 Verified By Pin

IAD : 0110A000032200000000000000000000000FF TSI : E800 ARC : 00

RECEIPT EXPIRES ON 04-11-23



HEB Food-Drugs #45/108 20935 Hwy 281 N, San Antonio, TX 78258 Phone: (210) 491-2400 Pharmacy: (210) 491-2450 Store Hours: 6 A.M. to 11 P.M. Your Cashier:YALING H 066786 01-11-23 1:31P 217/22/00108



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