Online Claim Submission

Code: OYT

Employer: County of Tulare

EmpID: 548771322

EmpName: Chrispens, LEANNE

Submitted: February 10, 2023

Batch: 30282432

Claim Total: \$20.00

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/24/2023	RX	\$20.00	Provider: CVS. For whom: Leanne Chrispens.
				Co pay for prescription

VS pharmacy

800 NORTH WESTWOOD STREET PORTERVILLE, CA 93257 559.784.2876

REG#13 TRN#6301 CSHR#1414861 STR#35

Helped by: COUA

ExtraCare Card #: *******0550

F 1 RX #: ***0690000

20.00N

Survey ID # 0417 1117 3633 771 28

TOTAL CHARGE ************4320

20.00 20.00 CH

****3-320 REF# 133016 AID: A0000001523010 TERMINAL# 84226512 CVM: 1E0300 TSI(9B): E800

CHANGE

,00

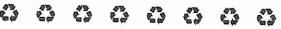


3500 0353 0246 3011 33
State law may prohibit the return of prescriptions. Please consult wour pharmacist.

your pharmacist.
Returns with receipt, subject to
CVS Return Policy, thru 03/25/2023
Refund amount is based on price
after all coupons and discounts.

JANUARY 24, 2023

5:43 PM



F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 20.00

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

THANK YOU. SHOP 24 HOURS AT CVS.COM

ExtraCare Card balances as of 01/12

Fill 10 prescriptions Get \$5EB Pharmacy and Health ExtraBucks Quantity Toward this Reward Quantity Needed to Earn Reward

9

Pharmacy & Health Rewards Enrollment Status

Active Members

1

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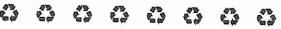


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