

Online Claim Submission

Code: ANB
Employer: ASAPP
EmpID: 424554567
EmpName: Rajagopalan, Anuthama
Submitted: January 23, 2023
Batch: 29992083
Claim Total: \$10.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/23/2023	RX	\$10.00	Provider: CVS Pharmacy. For whom: Praveen Sivakumar.



2000 HARRODSBURG ROAD
LEXINGTON, KY 40503
859.216.5493

REG#19 TRN#7052 CSHR#2242683 STR#6940

Helped by: JAVONTAY

F 1 RX #: ****0200000 10.00N

Survey ID #
2866 9243 5620 486 89

TOTAL 10.00
CHARGE 10.00

*****8202 RF
CHASE VISA *****8202
APPROVED# 025608 REF# 190525
TRAN TYPE: SALE AID: A0000000031010
TC: 82A9D2EBEEF591D3 TERMINAL# 05041956
NO SIGNATURE REQUIRED CVM: 1F0000
TVR(95): 0000000000 TSI(9B): 0000

CHANGE .00



3606 9403 0237 0521 99
State law may prohibit the return
of prescriptions. Please consult
your pharmacist.
Returns with receipt, subject to
CVS Return Policy, thru 03/24/2023
Refund amount is based on price
after all coupons and discounts.

JANUARY 23, 2023 9:07 AM



F-FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 10.00

FSA summary above includes items
(and tax) that may be eligible for plan
reimbursement. Restrictions may apply.

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