

Online Claim Submission

Code: CI5
Employer: Capital Area Pediatrics
EmpID: 015765124
EmpName: Yang, Jenny
Submitted: January 23, 2023
Batch: 29990458
Claim Total: \$114.88
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/22/2022	RX	\$114.88	Provider: CVS. For whom: Jenny.



3102 W. GANDY BLVD, TAMPA, FL
PHARMACY: 902-1833 STORE: 902-1844

REG#06 TRN#3776 CSHR#0118770 STR#2802

Helped by: TIMOTHY

ExtraCare Card #: *****0017

F 1 RX #: ****2910000 .00N
F 1 RX #: ****2930000 114.88N

2 ITEMS

TOTAL 114.88
CHARGE 114.88

*****1005 CH

AMERICAN EXPRESS *****1005

APPROVED# 844400

REF# 067765

TRAN TYPE: SALE

AID: A000000025010801

TC: 7CB3C4E71E857F62

TERMINAL# 88296627

NO SIGNATURE REQUIRED

CVM: 5E0300

TVR(95): 0000008000

TSI(9B): E800

CHANGE .00



3502 8023 0223 7760 66

State law may prohibit the return
of prescriptions. Please consult
your pharmacist.

Returns with receipt, subject to
CVS Return Policy, thru 03/23/2023
Refund amount is based on price
after all coupons and discounts.

JANUARY 22, 2023

4:46 PM



F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 114.88

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

THANK YOU. SHOP 24 HOURS AT CVS.COM

XX

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track your 2% earnings in the CVS
Pharmacy app!





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