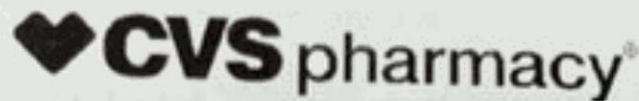


Online Claim Submission

Code: MTH
Employer: People Against Dirty
EmpID: 366088894
EmpName: Balander, Sara
Submitted: January 23, 2023
Batch: 29991798
Claim Total: \$10.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/3/2023	RX	\$10.00	Provider: CVS Pharmacy. For whom: Myself.



601 MISSION ST
SAN FRANCISCO, CA 94105
415.442.4737

REG#13 TRN#0164 CSHR#1909327 STR#10164

Helped by: Sahar

ExtraCare Card #: *****9406

F I RX #: ****7460000 10.00N

TOTAL 10.00
CHARGE 10.00

*****9823 RF
CHASE VISA *****9823
APPROVED# 04445C REF# 131644
TRAN TYPE: SALE AID: A0000000031010
IC: 931B0A46BC8C800E TERMINAL# 69041766
NO SIGNATURE REQUIRED CVM: 1F0000
TVR(95): 0000000000 TSI(98): 0000

CHANGE .00



3510 1643 0030 1641 39

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

Returns with receipt, subject to
CVS Return Policy, thru 03/04/2023
Refund amount is based on price
after all coupons and discounts.

JANUARY 3, 2023

12:41 PM



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.
