

## Online Claim Submission

Code: HMI  
Employer: Hospice of Michigan, Inc.  
EmplID: 371027882  
EmpName: Love, Raquel  
Submitted: January 23, 2023  
Batch: 29991002  
Claim Total: \$5.00  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/14/2023	RX	\$5.00	Provider: Walgreen. For whom: Raquel Love.

# Walgreens

#09125 1280 WALTON BLVD  
ROCHESTER HILLS, MI 48307  
248-608-0643

801 2409 0042 01/14/2023 4:18 PM

WNW CLR KHL E/L PNCL BGB 601A.04Z  
07780256011 A 1.29  
RETURN VALUE 1.29  
FSA RX 1174136 5.00

SUBTOTAL 6.29  
SALES TAX A=6.0% 0.08

TOTAL 6.37  
DEBIT CARD 6.37  
AUTH CODE 051916  
CHANGE .00

Sale  
AID A0000000980840  
US DEBIT  
Integrated chip card  
PIN Verified

TOTAL FSA ITEMS 0.00  
TOTAL RX ITEMS 5.00  
TOTAL FSA AND RX ITEMS 5.00  
APPROVED FSA/HRA AMOUNT 0.00

THANK YOU FOR SHOPPING AT WALGREENS  
YOU COULD HAVE EARNED AN ADDITIONAL