

## Online Claim Submission

Code: SRN

Employer: Sacramento Regional Transit District

EmpID: 561293455

EmpName: Han, Myung

Submitted: January 23, 2023

Batch: 29989911

Claim Total: \$5.00

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/21/2023	RX	\$5.00	Provider: Kaiser. For whom: Kaiser.



**KAISER  
PERMANENTE®**

Elk Grove Pharmacy 1  
9201 Big Horn Blvd  
Elk Grove, CA 95758  
916-478-5400

1/21/23 11:46 AM  
Trans.: 8360 Store: 02301  
Reg.: 005 Till: 005tt  
Cashier: Q798772 Sales: Q798772

SALE

RX 230103294799 5.00 NY

Subtotal 5.00  
Total Sales Tax 0.00

Total 5.00

Credit 5.00  
Card: MasterCard  
Account: 6593  
Auth: 04232S (A)  
Entry: Chip Read

APPROVED

Mode: ISSUER  
AID: A0000000041010  
TVR: 8000008000  
IAD: 0110A000012200000000000000000000  
00FF  
TSI: 6800  
ARC: 00  
APP: Mastercard

Total Tender 5.00

Change Due 0.00



02301005836020230121

Y=Health Care Eligible  
Healthcare Eligible Amount 5.00

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

Customer Copy

All prescription sales are final.  
See back for Over-the-Counter (OTC)  
product return guidelines.  
Ask your physician or pharmacist  
if you have any medication questions.  
Y = Health Flexible Spending Card Eligible  
Item that may be eligible for reimbursement



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