

Online Claim Submission

Code: CU8

Employer: CHRISTUS Health

EmpID: 460531214

EmpName: Briscoe, Michael

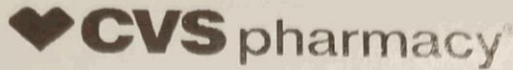
Submitted: January 23, 2023

Batch: 29992204

Claim Total: \$62.27

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/23/2023	RX	\$62.27	Provider: Cvs. For whom: Michael Briscoe and Brooke Harris.



1754 W LOOP 281, LONGVIEW, TX
PHARMACY: 759-3816 STORE: -

REG#15 TRN#2560 CSHR#1257906 STR#6899

Helped by: CALLIE

F 1	RX #:	****8960010	.00N
F 1	RX #:	****0350020	.75N
F 1	RX #:	****2450020	1.05N
F 1	RX #:	****8970020	3.27N
F 1	RX #:	****5850000	3.62N
F 1	RX #:	****9840000	7.38N
F 1	RX #:	****1710030	10.00N
F 1	RX #:	****5650000	11.20N
F 1	RX #:	****6280020	25.00N

1 VA BRCH FRIENDS CH 6Z 3.69B

10 ITEMS

Survey ID #

0016 4495 1513 601 81

SUBTOTAL	65.96
TX 8.25% TAX	.30
TOTAL	66.26
CHARGE	66.26

*****8405	CH
CAPITAL ONE	*****8405
APPROVED# 06009B	REF# 155604
TRAN TYPE: SALE	AID: A0000000041010
TC: E3E12E6127DB11BC	TERMINAL# 84259460
NO SIGNATURE REQUIRED	CVM: 1E0300
TVR(95): 0000008000	TSI(9B): E800

CHANGE .00



3506 8993 0232 5601 57

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 6:52 PM



F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 62.27
