

## Online Claim Submission

Code: HD2  
Employer: Howard Center  
EmpID: 594175575  
EmpName: Santa Lucia, Tatiana  
Submitted: January 23, 2023  
Batch: 29989214  
Claim Total: \$15.00  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/23/2023	RX	\$15.00	Provider: Lakeside Pharmacy. For whom: Self.

Lakeside Pharmacy  
242 Pearl St  
Burlington, VT 05401-8532  
Phone: (802) 862-1491  
Fax: (802) 865-2208

Jan 23 2023 11:53AM  
Receipt # 211085  
Cashier: Jillian C  
Drawer #: POS01 - 6999

Rx 440097-06 - Tatiana 15.00 F  
Santa Lucia

Subtotal 15.00  
Tax Total 0.00


# Items: 1 Total 15.00

MasterCard Flex Tendered 15.00  
Acct #...6651  
Approval #...005351

Please inform the clerk if your address or  
phone number has recently changed. It is  
important that we have accurate contact  
information on file. Thank you!

F = FLEX/FSA/HRA Eligible  
FSA Eligible \$15.00

Signature required for the following:  
- Payment(s) require a signature  
- Receipt of Prescriptions

  
Signature Captured Electronically

I agree to pay above total amount according to  
card issuer agreement.

MID: 10769449  
Entry: SWIPE

