

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