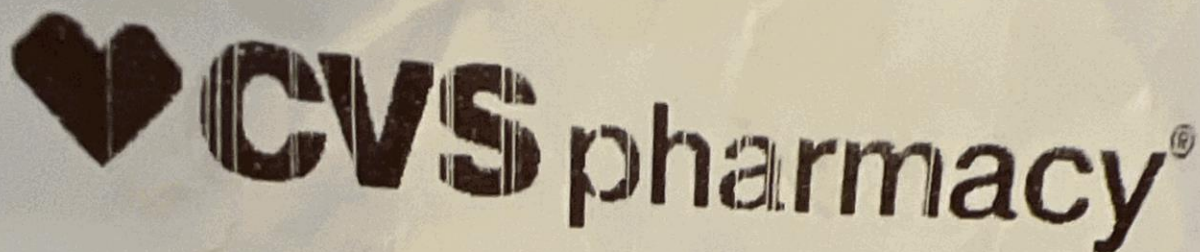


Online Claim Submission

Code: YFD
Employer: DPI Specialty Foods
EmpID: 559940867
EmpName: Bavero, Dave
Submitted: January 23, 2023
Batch: 29991210
Claim Total: \$19.13
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/22/2023	RX	\$19.13	Provider: Cvs pharmacy. For whom: Dawn. Rx1= .85 Rx2=1.81 Rx3=16.47



600 W MAIN ST
SANTA PAULA, CA 93060
805.933.2998

REG#14 TRN#6469 CSHR#1854442 STR#9151

Helped by: KARENA

ExtraCare Card #: *****9357

F 1	RX #:	****7290030	.85N
F 1	RX #:	****7240010	1.81N
F 1	RX #:	****9260030	16.47N
F 1	CVS CTZ LQCL 10MG 40CT		22.49T

4 ITEMS

SUBTOTAL	41.62
CA 8.25% TAX	1.86
TOTAL	43.48
CHARGE	43.48

*****1265 PF

VISA DEBIT

*****1266

APPROVED# 081019

REF# 144695

TRAN TYPE: SALE

AID: A0000000031010

TC: 5752CCBD66C125F2

TERMINAL# 03647978

NO SIGNATURE REQUIRED

CVM: 1F0000

TVR(95): 0000000000

TSI(9B): 0000

CHANGE

.00



3509 1513 0226 4691 41

state law may prohibit the return
Please consult