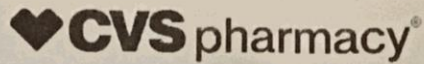


Online Claim Submission

Code: HMI
Employer: Hospice of Michigan, Inc.
EmplID: 371027882
EmpName: Love, Raquel
Submitted: January 23, 2023
Batch: 29991128
Claim Total: \$10.90
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/23/2023	RX	\$10.90	Provider: CVS. For whom: Raquel Love.



3010 WALTON BLVD
ROCHESTER HILLS, MI 48309
248 375 2810

REG#08 TRN#9009 CSHR#2270636 STR#8076

Helped by: SHAYNA

ExtraCare Card #: *****0190

F 1	RX #:	****1270000	1.55N
F 1	RX #:	****0960000	2.87N
F 1	RX #:	****0940000	3.17N
F 1	RX #:	****1390000	3.31N

4 ITEMS

TOTAL	10.90
CHARGE	10.90

*****0919

RF

VISA DEBIT

*****0919

APPROVED# 133005

REF# 080096

TRAN TYPE: SALE

AID: A0000000031010

TC: 2B1E642454B7EE8F

TERMINAL# 69040686

NO SIGNATURE REQUIRED

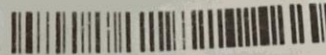
CVM: 1F0000

TVR(95): 0000000000

TSI(9B): 0000

CHANGE

.00



3508 0763 0239 0090 89

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

2:35 PM



F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)
Prescription Eligible Total 10.90

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