

## Online Claim Submission

Code: NCO  
Employer: Novogradac & Company LLP  
EmplID: 1610  
EmpName: SABINE, DONALD  
Submitted: January 23, 2023  
Batch: 29988845  
Claim Total: \$237.14  
Attachments: 4

Line	Service Date(s)	Type	Cost	Notes
1	1/20/2023	RX	\$189.29	Provider: CVS Pharmacy. For whom: Colin Sabine.
2	1/19/2023	RX	\$47.85	Provider: CVS Pharmacy. For whom: Amy Sabine.



1339 NORTH MAIN STREET  
NORTH CANTON, OH 44720  
330.966.4703

REG#19 TRN#7166 CSHR#1994238 STR#2385

Helped by: LARISSA

F 1 RX #: \*\*\*\*3570000 189.29N

Survey ID #

3160 5289 4852 931 62

TOTAL	189.29
CHARGE	189.29
*****0016	RF
CHASE VISA	*****0016
APPROVED# 04984C	REF# 191667
TRAN TYPE: SALE	AID: A0000000031010
TC: 9DC685D52D8B0512	TERMINAL# 85226464
NO SIGNATURE REQUIRED	CVM: 1F0000
TVR(95): 0000000000	TSI(9B): 0000

CHANGE .00



3502 3853 0207 1661 95  
State law may prohibit the return  
of prescriptions. Please consult  
your pharmacist.  
Returns with receipt, subject to  
CVS Return Policy, thru 03/21/2023  
Refund amount is based on price  
after all coupons and discounts.

JANUARY 20, 2023 6:38 PM



F=FLEXIBLE SPENDING ACCT SUMMARY (FSA)  
Prescription Eligible Total 189.29

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

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1 minute to complete.

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DOB:

CVS pharmacy®

1339 NORTH MAIN STREET  
NORTH CANTON, OH 44720  
330.966.4703

Pre

REG#19 TRN#6997 CSHR#2153880 STR#2385

Helped by: ANTOINETTE

F 1 RX #: \*\*\*\*8580010 47.85N

Survey ID #

6432 1250 9756 283 90

TOTAL 47.85  
CHARGE 47.85

\*\*\*\*\*0016

RF

CHASE VISA

\*\*\*\*\*0016

APPROVED# 03069C

REF# 199972

TRAN TYPE: SALE

AID: A0000000031010

TC: DC2CDE101B3EF063

TERMINAL# 85226464

NO SIGNATURE REQUIRED

CVM: 1F0000

TVR(95): 0000000000

TSI(9B): 0000

CHANGE .00



3502 3853 0196 9971 90

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JANUARY 19, 2023

5:54 PM



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