

Online Claim Submission

Code: SRN

Employer: Sacramento Regional Transit District

EmpID: 561293455

EmpName: Han, Myung

Submitted: January 23, 2023

Batch: 29989911

Claim Total: \$5.00

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/21/2023	RX	\$5.00	Provider: Kaiser. For whom: Kaiser.



**KAISER
PERMANENTE®**

Elk Grove Pharmacy 1
9201 Big Horn Blvd
Elk Grove, CA 95758
916-478-5400

1/21/23 11:46 AM
Trans.: 8360 Store: 02301
Reg.: 005 Till: 005tt
Cashier: Q798772 Sales: Q798772

SALE

RX 230103294799 5.00 NY

Subtotal 5.00
Total Sales Tax 0.00

Total 5.00

Credit 5.00
Card: MasterCard
Account: 6593
Auth: 04232S (A)
Entry: Chip Read

APPROVED

Mode: ISSUER
AID: A0000000041010
TVR: 8000008000
IAD: 0110A000012200000000000000000000
00FF
TSI: 6800
ARC: 00
APP: Mastercard

Total Tender 5.00

Change Due 0.00



02301005836020230121

Y=Health Care Eligible
Healthcare Eligible Amount 5.00

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

Customer Copy

All prescription sales are final.
See back for Over-the-Counter (OTC)
product return guidelines.
Ask your physician or pharmacist
if you have any medication questions.
Y = Health Flexible Spending Card Eligible
Item that may be eligible for reimbursement



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