

Online Claim Submission

Code: HD2
Employer: Howard Center
EmpID: 594175575
EmpName: Santa Lucia, Tatiana
Submitted: January 23, 2023
Batch: 29989214
Claim Total: \$15.00
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	1/23/2023	RX	\$15.00	Provider: Lakeside Pharmacy. For whom: Self.

Lakeside Pharmacy
242 Pearl St
Burlington, VT 05401-8532
Phone: (802) 862-1491
Fax: (802) 865-2208

Jan 23 2023 11:53AM
Receipt # 211085
Cashier: Jillian C
Drawer #: POS01 - 6999

Rx 440097-06 - Tatiana 15.00 F
Santa Lucia

Subtotal 15.00
Tax Total 0.00

Items: 1 Total 15.00

MasterCard Flex Tendered 15.00
Acct #...6651
Approval #...005351

Please inform the clerk if your address or
phone number has recently changed. It is
important that we have accurate contact
information on file. Thank you!

F = FLEX/FSA/HRA Eligible
FSA Eligible \$15.00

Signature required for the following:
- Payment(s) require a signature
- Receipt of Prescriptions



Signature Captured Electronically

I agree to pay above total amount according to
card issuer agreement.

MID: 10769449
Entry: SWIPE

