

# Confirmation

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Your claim has been successfully submitted.

## Successfully Submitted

FROM	TO	AMOUNT	APPROVED AMOUNT	RECEIPT STATUS
Medical FSA 01/01/2021-12/31/2021	Me	\$300.34	\$300.34	
Health Reimbursement Account 01/01/2021-12/31/2021	Me	\$110.41	\$110.41	
TOTAL APPROVED AMOUNT			\$410.75	

