

Claim F

Total Reimbursements

Reimbursements (ACH):	\$866.26
Reimbursements (Check):	\$309.24
Total Amount:	\$1,175.50

Summary

Plan Year mm/dd/yyyy - mm/dd/yyyy

FSA	\$515.94
DCA	\$659.56

Company Name

Reimbursement Notification

mm/dd/yyyy