

Online Claim Submission

Code: IY3
Employer: City of Moraine
EmpID: 292480681
EmpName: Bryant, Kendra
Submitted: January 17, 2023
Batch: 29910557
Claim Total: \$30.00
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	9/7/2022	RX	\$30.00	Provider: Medtronic. For whom: Herb Bryant. New CGM

PH12

Medtronic

13019 COLLECTION CENTER DR
CHICAGO IL 60693-0130

RETURN SERVICE REQUESTED

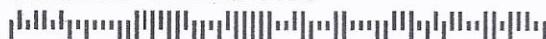
☐ Please check if updating address or insurance information on reverse side.



HERBERT BRYANT JR
3460 NAPANEE DR
BEAVERCREEK OH 45430-1318

IF PAYMENT BY MASTERCARD, VISA, DISCOVER OR AMEX, FILL OUT BELOW			
<input type="checkbox"/> MASTERCARD		<input checked="" type="checkbox"/> VISA	
<input type="checkbox"/> DISCOVER		<input type="checkbox"/> AMEX	
CARD NUMBER 4147 0993 1451 1377		SIGNATURE CODE 913	
SIGNATURE Herbert Bryant		EXP DATE 12/22	
STATEMENT DATE 09/07/22		AMOUNT DUE \$30.00	
DUE DATE 09/28/22		AMOUNT PAID \$ 30.00	
		ACCOUNT NUMBER 177533	

MINIMED DISTRIBUTION CORP.
13019 COLLECTION CENTER DR
CHICAGO IL 60693-0130



00001775330907202200030003

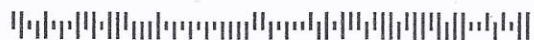
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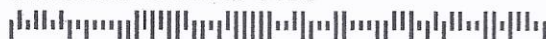
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