

Online Claim Submission

Code: FFI
Employer: FBL Financial Group Inc
EmpID: 510706454
EmpName: Brewster, Robert
Submitted: February 10, 2023
Batch: 30280840
Claim Total: \$98.96
Attachments: 3

Line	Service Date(s)	Type	Cost	Notes
1	2/10/2023	VISION	\$10.00	Provider: Grene Vision. For whom: Bob Brewster. Copay
2	2/6/2023	RX	\$88.96	Provider: Cheney Pharmacy. For whom: Treva Brewster.

Please sign and mail back
in self addressed
envelope

Cheney Pharmacy
114 N Main St
Cheney, KS 67025-8606
Phone: (316) 542-0464
Fax: (316) 542-0527

Feb 7 2023 2:57PM
Receipt # 167851
Cashier: Michelle S
Drawer #: POST - 6044

Rx 648518-00 - Treva
Brewster 88.96 F

Subtotal	88.96
Tax Total	0.00
Total	88.96

Visa Tendered 88.96
Acct #: 4836
Approval #: 01427D

F = FLEX/FSA/HRA Eligible
FSA Eligible \$88.96

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

Signature _____

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

MID 6288402
Entry: TAP



Scan This QR Code for Patient Specific
Medication Information



114 NORTH MAIN
CHENEY, KS 67025
(316) 542-0464
Call your doctor for medical advice about side effects.
You may report side effects to FDA at 1-800-FDA-1088.

CHENEY PHARMACY

Rx: Rx: 648518 00
TREVA BREWSTER
1668 W 140TH AVE N
MILTON, KS 67106
CR MELESSA H/CUE
ESTRADIOL-NORETH 1-0.5 MG TAB
NDC: 50742-0657-28
Yellow round tablet SIDE 1: J2
QTY: 28 Days: 28
(12) REFILLS REMAINING

DOB: 05/19/1968 Filed: 02/06/2023
Rph: DMH/JS
Filled: 02/06/2023
Shipmet
Pain ADV Paid Amt 0.00
Auth: 20037596965269909
Copay \$88.96

****SHIPMENT****

Grene Vision Group
1277 North Maize Road
Wichita, KS 67212
316-722-8883

Receipt
Patient Copy

BILLED TO
ROBERT BREWSTER
Visa - XXXX 3657
Reference # 87676850
Location ID: 010588736 / Auth Code: 01039D
Type: Sale (Approved)

2/10/2023 8:10 AM

PATIENT
Robert Brewster

ITEM	TOTAL
Transaction Amount	\$10.00

Grene Vision Group
1277 North Maize Road
Wichita, KS 67212
316-722-8883

Receipt
Patient Copy

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