

Online Claim Submission

Code: RGE

Employer: Cass Regional Medical Center

EmpID: 494862890

EmpName: MCLELLAND, SONYA

Submitted: January 23, 2023

Batch: 29992176

Claim Total: \$15.00

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	6/24/2022	RX	\$15.00	Provider: AuBurn Pharmacy. For whom: David.

AUBURN
PHARMACY

6 South Metcalf
LOUISBURG, KS 66053

(913) 837-5555

RECEIPT

RX# 6123768

REFILL

06/24/2022

DAVID MCLELLAND

HAGMAN, NATALIE

7746 W. 274TH
LOUISBURG, KS 66053
(913) 837-1402
DOB: 09/02/1967

102 WEST CRESTVIEW CIRCLE
LOUISBURG, KS 66053

16 Gm FLUTICASONE SPR 50MCG

NDC:60525-0829-01

MC



Cash Claim

\$15.00