

Online Claim Submission

Code: IY3
Employer: City of Moraine
EmpID: 292480681
EmpName: Bryant, Kendra
Submitted: January 17, 2023
Batch: 29910553
Claim Total: \$237.22
Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	10/2/2022	RX	\$237.22	Provider: Medtronic. For whom: Herb Bryant. Diabetic supplies

PH10

Medtronic

13019 COLLECTION CENTER DR
CHICAGO IL 60693-0130

RETURN SERVICE REQUESTED

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

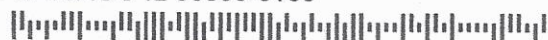


HERBERT BRYANT JR
3460 NAPANEE DR
BEAVERCREEK OH 45430-1318



IF PAYMENT BY MASTERCARD, VISA, DISCOVER OR AMEX, FILL OUT BELOW		
<input type="checkbox"/> MASTERCARD	<input checked="" type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER
CARD NUMBER 4147 0993 1451 1377		SIGNATURE CODE 913
SIGNATURE <i>Herbert Bryant</i>		EXP DATE 12/22
STATEMENT DATE 10/04/22	AMOUNT DUE \$237.22	ACCOUNT NUMBER 177533
DUE DATE 10/25/22	AMOUNT PAID \$ 237.22	

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



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