## Online Claim Submission

Code: RGE

Employer: Cass Regional Medical Center

EmpID: 494862890

EmpName: MCLELLAND, SONYA

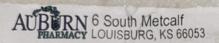
Submitted: January 23, 2023

Batch: 29992169

Claim Total: \$9.69

Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	5/26/2022	RX	\$9.69	Provider: AuBurn Pharmacy. For whom:
				David.



(913) 837-5555

RECEIPT

RX# 6122880

DAVID .CLELLAND

7746 W. 2<sup>-4</sup>TH LOUISBURG, KS 66053 (913) 837-1402 DOB: 09/02/1967

30 Tab LOSARTAN 25MG

NDC:65862-0201-99

REFILL

05/26/2022 KETZNER, NATALIE 102 W CRESTVIEW CIRCLE LOUISBURG, KS 66053



**BLUE KC** 

\$9.69