

## Online Claim Submission

Code: RGE  
Employer: Cass Regional Medical Center  
EmpID: 494862890  
EmpName: MCLELLAND, SONYA  
Submitted: January 23, 2023  
Batch: 29992175  
Claim Total: \$9.69  
Attachments: 1

Line	Service Date(s)	Type	Cost	Notes
1	6/23/2022	RX	\$9.69	Provider: AuBurn Pharmacy. For whom: David.

**AUBURN**  
PHARMACY

6 South Metcalf  
LOUISBURG, KS 66053

(913) 837-5555

**RECEIPT**

**RX# 6120880**

REFILL

06/23/2022

**DAVID MCLELLAND**

**KETZNER, NATALIE**

7746 W. 274TH  
LOUISBURG, KS 66053

102 W CRESTVIEW CIRCLE  
LOUISBURG, KS 66053

(913) 837-1402

DOB: 09/02/1967

**30 Tab LOSARTAN 25MG**

NDC:65862-0201-99

**MC**



**BLUE KC**

**\$9.69**