## Online Claim Submission

Code: RGE

Employer: Cass Regional Medical Center

EmpID: 494862890

EmpName: MCLELLAND, SONYA

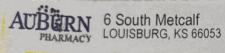
Submitted: January 23, 2023

Batch: 29992175

Claim Total: \$9.69

Attachments: 1

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



(913) 837-5555 RECEIPT

RX# 6120880

REFILL

DAVID MCLELLAND 7746 W. 274TH

LOUISBURG, KS 66053 (913) 837-1402 DOD: 99/02/1967

30 Tab LOSARTAN 25MG

NDC:65862-0201-99

**BLUE KC** 

\$9.69

06/23/2022 KETZNER, NATALIE

102 W CRESTVIEW CIRCLE LOUISBURG, KS 66053

