## Online Claim Submission

Code: RGE

Employer: Cass Regional Medical Center

EmpID: 494862890

EmpName: MCLELLAND, SONYA

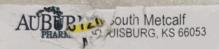
Submitted: January 23, 2023

Batch: 29992164

Claim Total: \$15.00

Attachments: 1

| Line | Service Date(s) | Type | Cost    | Notes                                |
|------|-----------------|------|---------|--------------------------------------|
| 1    | 5/25/2022       | RX   | \$15.00 | Provider: AuBurn Pharmacy. For whom: |
|      |                 |      |         | David.                               |



(913) 837-5555

RECEIPT

RX# 6123768

DAVID MCLELLAND

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

REFILL

NDC:60505-0829-01



Cash Claim

16 Gm FLUTICASONE SPR 50MCG

\$15.00

05/25/2022

HAGMAN, NATALIE

102 WEST CRESTVIEW CIRCLE LOUISBURG, KS 66053

