

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.

AUBURN 6 South Metcalf
PHARMACY LOUISBURG, KS 66053

(913) 837-5555

RECEIPT

RX# 6122880

REFILL

05/26/2022

DAVID MCLELLAND

KETZNER, NATALIE
102 W CRESTVIEW CIRCLE
LOUISBURG, KS 66053

7746 W. 24TH
LOUISBURG, KS 66053
(913) 837-1402
DOB: 09/02/1967

30 Tab LOSARTAN 25MG

NDC:65862-0201-99

MC



BLUE KC

\$9.69