



P.O. BOX 17124 Memphis, TN 38187-0124

INVOICE

**PLEASE INCLUDE
INVOICE NUMBER ON PAYMENT
BENEFITS ASSIGNED**



Invoice No. 25905923
 Invoice Date 06/15/08
 504747431
 Claimant MOHR LARRY
 Address 513 S PRAIRIE AVE APT #2
 SIOUX FALLS, SD 57104-4225
 SS# 504-74-7431
 Employer SUZLON ROTOR
 CORPORATION
 Address 1711 S US HIGHWAY 75
 PIPESTONE, MN 56164-3225
 Carrier/Claim File
 Injury Date 05/24/08
 WAL-MART SUP SD
 NPI # 1669499836

>01308 3881606 001 092013
 SUZLON ROTOR CORPORATION
 1711 S US HIGHWAY 75
 PIPESTONE MN 56164-1697



Workers Compensation Claim

| Date of Service | RX # | Description | Quantity | Unit | Dr. Name | Amount Due |
|-----------------|---------|--|----------|------|---|------------|
| 06/05/08 | 6731942 | NDC# 63304065705 CEPHALEXIN CAP 500MG | 21.000 | EA | AH1137834 HOHM BYRON T 7 day supply (G) New | 30.88 |
| 06/01/08 | 6731365 | NDC# 61314023710 CROMOLYN SOD SOL 4% OP | 10.000 | ML | BV7948839 VIEL MATTHEW 16 day supply (G) New | 42.34 |
| 06/07/08 | 6728134 | NDC# 00168000415 TRIAMCINOLON CRE 0.1% | 60.000 | GM | MT1547833 THORESON HEID 30 day supply (G) Refill | 19.54 |

REMIT TO: SUZLON ROTOR CORP.

Suzlon Rotor Corp.
 Received on 24 JUN 08
 Processed on _____
 Paid on _____

REMIT PAYMENT TO:
 P.O. BOX 504591
 ST. LOUIS, MO 63150-4591
 (901) 681-9080 800-541-5234

FULL AMOUNT DUE UPON RECEIPT
 PRICING CONFORMS TO STATE FEE SCHEDULE
 PAYMENT REDUCTION NOT AUTHORIZED

| | |
|-------------------------|--------------|
| Total Amount Due | 92.76 |
|-------------------------|--------------|

THIRD PARTY SOLUTIONS PROCESSES
 PRESCRIPTIONS FROM PHARMACIES