



PO BOX 17124 Memphis, TN 38187-0124

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# INVOICE

PLEASE INCLUDE  
INVOICE NUMBER ON PAYMENT  
BENEFITS ASSIGNED



Invoice No. 25350941  
 Invoice Date 04/27/08  
 475474615  
 Claimant MOHAMUD OMAR  
 Address 3500 N 4TH AVE # 104  
 SIOUX FALLS, SD 57104-0735  
 SS# 475-47-4615  
 Employer SUZION ROTOR CORP  
 Address 1711 US HIGHWAY 75  
 PIPESTONE, MN 56164-3225  
 Carrier/Claim File  
 Injury Date 04/16/08  
 NCPDP 2411306 A & S DRUG  
 PIPESTONE, MN 56164

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SUZION ROTOR CORP  
 1711 US HIGHWAY 75  
 PIPESTONE MN 56164-3225

### \*Workers Compensation Claim\*

Date of Service	RX #	Description	Quantity	Unit	Dr. Name	Amount Due
04/17/08	0634357	NDC# 51991018831 METHYLPRED PAK 4MG	21.000	EA	BK0472477 KOCOUREK BRUC 6 day supply (G) New	16.14
04/17/08	0634358	NDC# 45802091987 CETIRIZINE TAB 10MG	14.000	EA	BK0472477 KOCOUREK BRUC 14 day supply (G) New	40.11

NOT REMITTED TO PHARMACY

Suzion Rotor Corp.  
 Received on 5 May 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

<b>Total Amount Due</b>	<b>56.25</b>
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THIRD PARTY SOLUTIONS PROCESSES  
 PRESCRIPTIONS FROM PHARMACIES