



PO BOX 17124 Memphis, TN 38187-0124

02009 3851567 002010 002010 00001/00001

INVOICE

PLEASE INCLUDE
INVOICE NUMBER ON PAYMENT
BENEFITS ASSIGNED



Invoice No. 25507572
 Invoice Date 05/11/08
 475474615
 Claimant MOHAMUD OMAR - *cmg*
 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

>02009 3851567 001 092013

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
05/01/08	0635227	NDC# 45802091987 CETIRIZINE TAB 10MG	30.000	EA	AC7916539 CHRISTENSEN L 30 day supply (G) New	80.07
05/01/08	0635228	NDC# 59746000106 METHYLPRED TAB 4MG	60.000	EA	AC7916539 CHRISTENSEN L 10 day supply (G) New	45.86
05/01/08	0635229	NDC# 00168000415 TRIAMCINOLON CRE 0.1%	120.000	GM	AC7916539 CHRISTENSEN L 4 day supply (G) New	33.94

New Remit To: Address

Suzion Rotor Corp.
 Received on 20 May 08
 Processed on _____
 Date _____

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

THIRD PARTY SOLUTIONS PROCESSES
 PRESCRIPTIONS FROM PHARMACIES

Total Amount Due	159.87
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