



July 3, 2008

CORPORATE MANAGEMENT GROUP  
1711 US HIGHWAY 75  
PIPESTONE MN, 56164

Dear Policyholder:

The enclosed material may involve an on the job injury to one of your employees. We are unable to match the attached material with a claim in our office. If this is a Workers' Compensation injury, please complete a First Report of Injury form and submit it to our office with the enclosed material or **fax First Reports Of Injury to (800) 969-3062.**

If this does not pertain to a Workers' Compensation injury, please notify your employee that the enclosed material is the employee's responsibility. Please return attached material to employee and advise all interested parties of such.

Please handle promptly so that we both may fulfill our obligations under the Workers' Compensation law.

Sincerely,

Workers' Compensation  
Claims Department

**34505 West 12 Mile Road Suite 100 Farmington Hills, MI 48331**  
**Telephone: (248)489-2800 First Report of Injury (800) 969-3062 Fax (603)334-0266**

3J1630804590000



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

LIBERTY MUTUAL INSURANCE  
PO BOX 9525  
MANCHESTER NH 03108-9525



3J163080459

# INVOICE

00784 3863544 030165 030165 00192/00267

PLEASE INCLUDE  
INVOICE NUMBER ON PAYMENT  
BENEFITS ASSIGNED



Invoice No. 25699087  
Invoice Date 05/25/08  
503968857  
Claimant GOETSCH SHAWN  
Address 5208 E 16TH ST  
SIOUX FALLS, SD 57110-3132  
SS# 503-96-8857  
Employer CORPORATE MANAGEMENT  
GROUP  
Address 1711 US HIGHWAY 75  
PIPESTONE, MN 56164-3225  
Carrier/Claim File  
Injury Date 05/15/08  
NCPOP 2422486 PAMIDA PHARMACY  
PIPESTONE, MN 56164  
NPI # 1922051069

### \*Workers Compensation Claim\*

Date of Service	RX #	Description	Quantity	Unit	Dr. Name	Amount Due
05/17/08	0199878	NDC# 00093314705 CEPHALEXIN CAP 500MG	40.000	EA	BK0472477 KOCOUREK BRUC 10 day supply (G) New	54.18

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

Received  
George Smith  

Total	54.18
Amount Due	

 JUN 2 2008  
 PAYMENT COLLECTED  
 Michigan  
 I.D. 62-1770924  
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