



P O BOX 17124 Memphis, TN 38187-0124

01827 3716333 003028 003028 00002/00002

INVOICE

PLEASE INCLUDE
INVOICE NUMBER ON PAYMENT
BENEFITS ASSIGNED



Invoice No. 23983776
Invoice Date 12/09/07
396067642
Claimant PRESTON TIA
Address 427 SIERRA AVE
WESTBROOK, MN 56183
SS# 396-96-7642
Employer SUZLON ROTOR
CORPORATION
Address 1711 S US HIGHWAY 75
PIPESTONE, MN 56164-1697

SUZLON ROTOR CORPORATION
1711 S US HIGHWAY 75
PIPESTONE MN 56164-1697



Carrier/Claim File
Injury Date 11/28/07
NCPDP 2414112 SNYDER DRUG
PIPESTONE, MN 56164
NPI # 1174604607

Workers Compensation Claim

Date of Service	RX #	Description	Quantity	Unit	Dr. Name	Amount Due
11/28/07	0668759	NDC# 00781502201 METHYLPRED TAB 4MG	42.000	EA	AC7916539 CHRISTENSEN L 7 day supply (G) New	34.29
11/28/07	0668760	NDC# 00168000416 TRIAMCINOLON CRE 0.1%	60.000	GM	AC7916539 CHRISTENSEN L 10 day supply (G) New	8.20
11/28/07	0668761	NDC# 49348037508 SM ALLERGY TAB 25MG RLF	48.000	EA	AC7916539 CHRISTENSEN L 6 day supply (G) New	9.93

REMIT PAYMENT TO:
P. O. BOX 1000, DEPT., #492
MEMPHIS, TN 38148-0492
(901) 681-9080 800-541-5234

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

Total Amount Due	52.42
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THIRD PARTY SOLUTIONS PROCESSES
PRESCRIPTIONS FROM PHARMACIES



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