



PO BOX 17124 Memphis, TN 38187-0124

01519 3796452 001520 001520 00001/00001

# INVOICE

PLEASE INCLUDE  
INVOICE NUMBER ON PAYMENT  
BENEFITS ASSIGNED



Invoice No. 24832405  
 Invoice Date 03/09/08  
 504843630  
 Claimant JAQUA TOM  
 Address 333 S SPRING  
 SIOUX FALLS, SD 57107  
 SS# 504-84-3630  
 Employer SUZLON ROTOR  
 CORPORATION  
 Address 1711 S US HIGHWAY 75  
 PIPESTONE, MN 56164-1697  
 Carrier/Claim File  
 Injury Date 02/01/08  
 LEWIS EASTGA SD  
 NPI # 1356430979

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 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
02/13/08	0846295	NDC# 00406036501 HYDROCO/APAP TAB 5-325MG	60.000	EA	AC8360062 CARLSON WALT 8 day supply (G) New	37.66
02/13/08	0846294	NDC# 66685100101 AMOX/K CLAV TAB 875MG	14.000	EA	BA8827567 ARBO MANUEL D 7 day supply (G) New	73.74
02/13/08	0846296	NDC# 00045152550** LEVAQUIN TAB 500MG	7.000	EA	BA8827567 ARBO MANUEL D 7 day supply (B) New	98.85
02/07/08	0844915	NDC# 63304065705 CEPHALEXIN CAP 500MG	40.000	EA	BL4505193 LOOBY PETER 10 day supply (G) New	54.18

\*\* No Generic Available

New Remit To: ADAMS

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	264.43
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