



PO BOX 17124 Memphis, TN 38187-0124

01133 3770814 001134 001134 00001/00001

INVOICE

PLEASE INCLUDE
INVOICE NUMBER ON PAYMENT
BENEFITS ASSIGNED



Invoice No. 24274051
 Invoice Date 01/09/08
 520843490
 Claimant COMER TRAVIS
 Address 617 2ND AVE NE
 PIPESTONE, MN 56164
 SS# 520-84-3490
 Employer CORPORATE MANAGEMENT
 GROUP
 Address 1711 S US HIGHWAY 75
 PIPESTONE, MN 56164-1697
 Carrier/Claim File E
 Injury Date 12/27/07
 NCPDP 2411306 A & S DRUG
 PIPESTONE, MN 56164

>01133 3770814 001 092013
 CORPORATE MANAGEMENT GROUP
 1711 S US HIGHWAY 75
 PIPESTONE MN 56164-1697



Workers Compensation Claim

Date of Service	RX #	Description	Quantity	Unit	Dr. Name	Amount Due
12/28/07	0627441	NDC# 16500002324 DOMEBORO POW PACKETS #12 (MF)	12.000	EA	AL8392285 LASTINE MICHA 6 day supply (B) New	DAW 0 13.88
12/28/07	0627442	NDC# 50111030802 HYDROXYZ HCL TAB 25MG	30.000	EA	AL8392285 LASTINE MICHA 10 day supply (G) New	30.66
12/28/07	0627443	NDC# 51672127003 DESOXIMETAS CRE 0.25%	60.000	GM	AL8392285 LASTINE MICHA 5 day supply (G) New	104.03

Now Remit to: PHARMACIES

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	148.57
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