



Transaction Details

<b>Account Name</b> KULOTHUNGAN, MANIPRAKA	<b>Credit Card Type</b> Mastercard	<b>Last 4 digits of Credit Card Number</b> 2133
<b>Transaction Number</b> 202211081692787	<b>Payment Date</b> 11/08/2022	<b>Payment Amount</b> \$331.92

**Responsible Party Address**  
1511 POND GLEN WAY  
CARY, NC 27519-8715

Invoices Paid

<b>1.</b>	<b>Invoice Number</b> 61271090	<b>Patient Name</b> NANCY N JAYARAJ	<b>Balance Due</b> \$175.00	<b>Payment</b> (\$140.00)	<b>Ending Balance Due</b> \$35.00
	<b>Date of Service</b> 09/21/2022	<b>Specimen Number</b> 226406905220	<b>Service Type</b> Laboratory Testing		
<b>2.</b>	<b>Invoice Number</b> 66404381	<b>Patient Name</b> NANCY N JAYARAJ	<b>Balance Due</b> \$45.24	<b>Payment</b> (\$36.19)	<b>Ending Balance Due</b> \$9.05
	<b>Date of Service</b> 09/21/2022	<b>Specimen Number</b> 2264G8100240	<b>Service Type</b> Laboratory Testing		
<b>3.</b>	<b>Invoice Number</b> 27199339	<b>Patient Name</b> NANCY N JAYARAJ	<b>Balance Due</b> \$5.50	<b>Payment</b> (\$4.40)	<b>Ending Balance Due</b> \$1.10
	<b>Date of Service</b> 10/14/2022	<b>Specimen Number</b> 228706906340	<b>Service Type</b> Laboratory Testing		
<b>4.</b>	<b>Invoice Number</b> 27198887	<b>Patient Name</b> MANIPRAKA	<b>Balance Due</b> \$14.16	<b>Payment</b> (\$11.33)	<b>Ending Balance Due</b> \$2.83
	<b>Date of Service</b> 10/14/2022	<b>Specimen Number</b> 228706905340	<b>Service Type</b> Laboratory Testing		
<b>5.</b>	<b>Invoice Number</b> 61271092	<b>Patient Name</b> MANIPRAKA	<b>Balance Due</b> \$175.00	<b>Payment</b> (\$140.00)	<b>Ending Balance Due</b> \$35.00
	<b>Date of Service</b> 09/21/2022	<b>Specimen Number</b> 226406905230	<b>Service Type</b> Laboratory Testing		
<b>Total:</b>			<b>Balance Due</b> \$414.90	<b>Payment</b> (\$331.92)	<b>Ending Balance Due</b> \$82.98