

DAVIDSON COUNTY AMBULANCE

PO BOX 923
LEXINGTON, NC 27293
(336) 242-2028
Federal Tax ID: 56-6000294

Credit Statement

As Of 02/28/2023

Patient Name: SARAVANA GANESH

Patient Number: 218871

Guarantor Name: SARAVANA GANESH
855 JENNIFER LN
HIGH POINT, NC 27265

Call Number: 2014039

Date Of Call: 07/21/2020

<u>Description of Payment / Credit</u>	<u>Receipt Number</u>	<u>Credit Date</u>	<u>Amount</u>
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		10/10/2022	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		08/30/2022	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		08/02/2022	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		07/11/2022	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		06/02/2022	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		05/04/2022	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		04/11/2022	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		03/03/2022	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		01/31/2022	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		01/06/2022	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		06/30/2021	201.41

Total Payments / Credits As Of 02/28/2023 601.41

Total Charges As Of 02/28/2023 601.41

Current Balance 0.00

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Credit Statement

As Of 02/28/2023

Patient Name: SARAVANA GANESH

Patient Number: 218871

Guarantor Name: SARAVANA GANESH
855 JENNIFER LN
HIGH POINT, NC 27265

Call Number: 20212128626

Date Of Call: 12/23/2021

<u>Description of Payment / Credit</u>	<u>Receipt Number</u>	<u>Credit Date</u>	<u>Amount</u>
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		01/31/2023	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		01/04/2023	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		12/05/2022	40.00
PAYMENT BY CREDIT CARD - PRIVATE (SELF PAY)		11/03/2022	40.00

Total Payments / Credits As Of 02/28/2023 160.00

Total Charges As Of 02/28/2023 200.00

Current Balance 40.00